

Full Name: _____ Team Name: _____

MIST Richmond Liability Release Waiver

Emergency Contact: (an adult, at least 21 years of age or older, whom MIST is to contact in case of an emergency)

Full Name: _____ Cell Number: (____) _____ - _____

Relationship: _____ Work Number: (____) _____ - _____

Home Number: (____) _____ - _____

Medical Information:

Please completely describe any medical condition which may recur or be a factor in medical treatment:

I, being 18 years of age or older, do for myself (and for or on behalf of my child participant, if said child is not of age 18 or older) do hereby release, forever discharge and agree to hold harmless **MIST and any venues hosting MIST events** and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned and/or the child participant that occur while said is participating in the above described trip or activity. **Furthermore**, I (and for or on behalf of my child participant, if under the age of 18 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. **Further**, authorization and permission is given to said trip and travel organizers to furnish and hereby release liability of transportation, food and lodging for this participant. **The undersigned further hereby** agree to hold harmless and indemnify said organization(s), its directors, employees and agents, for any liability sustained by said travel organizers as the result of negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto. The undersigned agree to assume all liability for any surcharges incurred by participant's use or misuse of any provided transportation and/or lodging. **The undersigned further hereby** agree to authorize MIST and its agents to photograph, videotape, audio record, televise, duplicate, and/or otherwise record my image, voice, and likeness. I understand that MIST will own these recordings and further authorize MIST and its agents to display, publish, and distribute these recordings for any purpose on websites, publications, broadcasts, displays, and any other medium.

(If the participant has not attained the age of 18 years):

I (we) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate fully in said event and hereby give our permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. **Further, should it become** necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I (we) hereby assume all transportation costs.

The information provided on this form is complete and accurate to the best of my knowledge. At least one parent or guardian must sign below if the participant has not attained the age of 18 years.

Parent/Guardian Signature: _____ Date: ___/___/___

I have read the above and understand the rules of conduct and will fully abide by them, as well as all additional instructions of the leadership of this trip, and activity directors.

Event Participant Signature: _____ Date: ___/___/___

For any questions, please email us at richmond@getmistified.com.