



## Korean Festival 2017 Liability Waiver

Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

Event Date:            **October 21, 2017**

I, \_\_\_\_\_, do hereby release and forever discharge Korean American Society of Houston (KASH) and successors, affiliates and assigns, and/or their associates, heirs, executors and administrators from any legal liability claim, demand, right, or cause of action while participating in the Korean Festival Houston and/or related activities (this includes all scheduled and unscheduled events associated with the Festival), hereafter "Festival." I give full consent to release KASH from any legal liability resulting in illness or injury.

I authorize the Korean American Society of Houston (KASH) to obtain medical treatment for me in the event of injury or illness and agree to pay any expense incurred for treatment. I understand that KASH does not carry or maintain health, medical, or disability coverage for any participant.

I am aware that the Korean American Society of Houston (KASH) does not condone the use of illegal substances or underage drinking. Drinking by people under the age of twenty-one and drug usage by any participant will not be tolerated. As a participant/attendee of the Festival, I understand that I must comply with all local, state, and federal laws.

I hereby grant and convey to the Korean American Society of Houston (KASH) all right, title, and interest in any and all photographic images, videos, and audio recordings made by KASH during my participation with KASH, including but not limited to, any royalties, proceeds, or other benefits derived from such photographic images, videos, and audio recordings.

I certify that either I am of eighteen (18) years of age or older, or that my parent or legal guardian has full knowledge of my participation in this event and has given me permission to participate, as evidenced by his/her signature below.

My signature means I have read and do understand the above and/or have had it read to me and explained in language that I can understand. I hereby agree to all conditions and statements outlined in this agreement in good faith and of my own will.

\_\_\_\_\_  
Signature (of Parent/Guardian, if minor)

\_\_\_\_\_  
Emergency Contact Name and Relation

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact Phone Number

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FOR KASH USE ONLY:

Date Received: \_\_\_\_\_

Processed by: \_\_\_\_\_