WAIVER AND RELEASE FROM LIABILITY

MAY 21, 2016

By this waiver, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, assume any risk, and take full responsibility and waive any claims of personal injury, death or damage to personal property associated with **FLOAT FOR CHARITY** activities and events organized by **FLOAT FOR CHARITY VOLUNTEERS.**

I understand and confirm that by signing this WAIVER AND RELEASE I have given up considerable future legal rights. I have signed this agreement freely, voluntarily, under no duress. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law. I am 18 years of age or older and mentally competent to enter into this waiver.

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_

If participant is under 18 years of age, signature of parent or guardian required.

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_

"This promotion is sponsored by the Event Organizing Group, which is solely responsible for its fulfillment.  The ‘Children's Hospital of Pittsburgh Foundation’ name and logo is used by permission.  More information about CHPF may be found by visiting the website at 'givetochildrens.org' or by calling CHPF at 412-692-3941; 98% of sales, admission price or other proceeds will benefit CHPF. Remaining 2% proceeds for event costs.