

CIRCLE CITY CLASSIC PARADE

**INDIVIDUAL WAIVER, RELEASE OF LIABILITY,
AND CONSENT TO MEDICAL ATTENTION FOR PARADE PARTICIPANT**

In consideration on my being allowed to participate in the Circle City Classic Parade (Parade or Classic), I hereby agree to be bound by each of the following:

1. Voluntary Participation. My participation in the Parade is a voluntary act that I chose to do.
2. Assumption of Risk. I understand that my participation in the Parade may involve risk of injury, disability or death and/or damage to my property, which condition might result not only from my action, but from actions of others. I understand that the Classic makes no guarantees of my personal well-being or property's safety. I am physically fit to carry out my participation in the Parade.
3. Waiver and Release. I release and discharge the Classic, its parent organizations, its sponsors, employees, agents, representatives, participating colleges or universities or anyone or business entity affiliated or participating in the Parade or any Classic event, successor or assigns (collectively, Classic) from all claims for any liability, injury, loss, or damage in any way connected with my participation in the Parade whether or not caused in whole or part by the negligence or any liability generating act of any kind or description by the Classic. I intend this Assumption, Waiver, Release, and Consent shall apply and limit my relatives, personal representatives, heirs, beneficiaries, next of kin, or assigns who might pursue any legal action or claim for such liability, injury, loss or damage.
4. Consent to Medical Treatment. I agree and consent that the Classic may select, but has no obligation, responsibility or duty, to provide me appropriately trained or qualified medical care provider or health care person, emergency assistance, transportation, or medical services. This consent does not impose a duty or obligation of any type on the Classic or Releasee(s) to provide such assistance, transportation or services.
5. Applicable Law. This Assumption, Waiver, Release, and Consent shall be controlled and interpreted consistent with laws of the State of Indiana without consideration of the conflicts of laws of other jurisdictions.

I, (ON BEHALF OF MY CHILD AS PARENT OR GUARDIAN) HAVE READ THIS WAIVER, RELEASE, AND CONSENT AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND I SIGN VOLUNTARILY.

Signature	Printed	Date
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For Minor: Under Age of 18-years

Name of Minor

Signature or Parent or Guardian	Printed	Date
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Printed Name of Adult Participant/Parent or Legal Guardian: _____

Address, including City and State, Telephone Number of Adult, Minor and/or Parent/Guardian:

Telephone: () _____