

WAIVER AND RELEASE

chili's
Presents



EVENT: Chili's® Clip for Kids
DATE: Sunday, May 21, 2017
PURPOSE: To raise funds and awareness for the Addison Jo Blair Cancer Care Center at Norton Children's Hospital
SPONSOR: Children's Hospital Foundation for the benefit of Norton Children's Hospital
PARTICIPANT:

Print name _____

I wish to participate in the above-named **EVENT**. I acknowledge that my participation is expressly conditioned on my agreement to the terms of this **WAIVER AND RELEASE** and I agree as follows:

1. I acknowledge I am responsible for obtaining the independent medical advice of my physician as it relates to my participation in the **EVENT**, and I certify that (a) I am capable of participating in this **EVENT** and have no conditions or limitations that would otherwise prevent my participation, and (b) I will participate according to the rules and requirements of this **EVENT** at all times and have a duty to cooperate with the Children's Hospital Foundation.
2. I understand there are certain risks associated with participating in any event/activity, including the use of and participation in services made available to participants during this **EVENT**. My participation in this **EVENT** is a voluntary activity in all respects and I assume all risks of injury, illness, damages or loss that I may sustain as a result of my participation.
3. I waive all claims, including all claims anyone else may have the right to assert through me or on my behalf, and fully release, discharge and agree not to sue Norton Healthcare Inc., its directors, officers, agents, employees, representatives, associates, affiliates, indemnitors, insurers, subsidiaries (including **SPONSOR**) and assigns, together with all entities leased, operated or controlled by, or allied or affiliated with it (collectively, "**NORTON**") from any and all liability, including negligence, arising in any way from my participation in this **EVENT**.
4. I agree to indemnify, defend and hold **NORTON** harmless from any and all claims arising from or in any way connected with my participation in this **EVENT**.
5. I understand that all donations are nonrefundable and nontransferable, even if I do not participate in the **EVENT**.
6. I give permission to **NORTON** for the free use of my name, photograph, voice or likeness in any broadcast, telecast, advertising promotion or other account of this **EVENT**, and for any marketing or promotion of future or similar events, and I waive any rights of privacy I may have in that regard.
7. I agree to receive periodic communications from **NORTON** related to my participation in this **EVENT**.
8. I understand that, in participating in the **EVENT**, I am responsible for conducting myself in a reasonable manner and with due regard for the safety and well-being of others.

I certify I am at least 18 years old. I have read and fully understand this **WAIVER AND RELEASE**. I understand that this **WAIVER AND RELEASE** is binding upon me and anyone entitled to act on my behalf.

PARTICIPANT

Signature _____

Date _____

I am the parent or legal guardian of **PARTICIPANT**. I have read and fully understand this **WAIVER AND RELEASE**. I understand that this **WAIVER AND RELEASE** is binding upon **PARTICIPANT** and anyone entitled to act on **PARTICIPANT'S** behalf, including me.

Signature _____

Printed name _____

Date _____

Thank you for your efforts to beat childhood cancer in our community. Please inform supporters that 100 percent of net proceeds from the Chili's® Clip for Kids event will benefit Norton Children's Hospital through the Children's Hospital Foundation.