



WAIVER FOR "SPIN AROUND THE CLOCK" ("Event")

In consideration of your acceptance of this Event entry form, I for myself, my heirs, executors, administrators and assigns, forever waive, release and discharge any and all rights, demands, claims for damages and causes of suit or action known or unknown, that I may have against the Livia Stoyke Foundation and any and all participating Event organizers, sponsors, volunteers, directors, officers, employees and agents of such parties, for any and all injuries, losses and damages arising or resulting from or relating to my participation in this Event, from any cause whatsoever, including negligence.

I agree and represent that I have full knowledge of the risks involved in this Event, that I assume those risks, and that I am physically fit and sufficiently trained to participate in this Event.

I hereby acknowledge that I have read this waiver and I understand and accept its terms.

Name of Participant: _____ Date(Month/Day/Year): _____
(Please print)

Signature of Participant: _____
(If Participant under 18 years of age, Parent/Guardian must also sign below)

Signature of Parent/Guardian is required if Participant is under 18 years of age

I, the minor's parent or guardian, have full knowledge of the risks involved in this Event. I believe the minor is physically fit and sufficiently trained to participate in this Event.

Name of Parent/Guardian: _____ Date(Month/Day/Year): _____
(Please print)

Signature of Parent/Guardian: _____