**RELEASE OF ALL CLAIMS FOR PERSONAL INJURY AND PROPERTY DAMAGE VOLUNTEER PARTICIPANTS IN**

**UA Little Rock Trojan Warrior Games March 14th, 2020**

 As a volunteer participant in the UA Little Rock Trojan Warrior Games, on March 14, 2020, at the University of Arkansas at Little Rock, I recognize and acknowledge that certain risks of personal physical injury, property damage, or other losses exist.

**I agree to assume all risks** of any such personal injuries, property damages, or other losses that I may sustain as a result of my participation in this event.

**I do hereby fully release and discharge** UA Little Rock, Arkansas Army National Guard, and The Student Organization "Students Affected by Military," its officers, agents and employees from any and all claims for personal injuries, property damages or other loss that I may suffer on account of my participation in this event.

**I further agree to indemnify and hold harmless** UA Little Rock, Arkansas Army National Guard, and The Student Organization "Students Affected by Military," its officers, agents and employees from all claims, suits, actions, injuries, damages, and losses sustained by me and arising out of, connected with, or in any way associated with my participation in this event.

**Media Release**

By signing this document you also provide your permission to use your image to be included materials that may be published or posted electronically for the purposes of advertising, yearbook, or send/publicity. You are under no obligation to give consent and permission to use your image. Your signature below indicates that you are freely giving the UA Little Rock, Arkansas Army National Guard, and the student organization "Students Affected by Military" the right to include your image as explained above. No names will be associated with any photographs and/or video images.

**I HAVE FULLY READ AND UNDERSTAND THE FOREGOING**

Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent (Guardian) signature if participant is below age of 18.