KANSAS SHRINE BOWL Acknowledgment and Hold Harmless Agreement

I, (printed name)	, fully acknowledge and understand the risks to my life
and limb associated with my par	ticipation in activities of the 2024 Kansas Shrine Bowl. In consideration
of the privilege extended to me t	o participate in activities of the 2024 Kansas Shrine Bowl, I hereby
expressly and voluntarily assum	e the risks of such participation and agree to hold harmless The Shrine
Bowl of Kansas, Inc., its subdivis	ions, officers, directors, employees, agents and assigns; Shriners
Children's Inc., its officers, direct	ors, employees, agents and assigns; City of Emporia, its officers,
directors, employees, agents and	assigns; Emporia State University, its officers, directors, employees,
agents and assigns; Kansas High	School Activities Association, Inc. ["KSHSAA"], its officers, directors,
employees, agents, and assigns;	each member school of KSHSAA with one or more students participating
in the 2024 Kansas Shrine Bowl,	including the employees, agents and assigns of every such member
school, from all liability, damage	s, fees, costs and expenses of any kind or nature arising from or in
connection with any injury, illne	ss or other claim associated, either directly or indirectly, with my
participation in any and all activi	ities of the 2024 Kansas Shrine Bowl.
	Date
[Signature of Partic	ipant]
	Date
	t or Legal Guardian]* s participant will be 18 on or before 6/26/2024.
i cquii cu uiiics	o participant win be to on or before 0/20/2027.

SIGN AND RETURN TO THE KANSAS SHRINE BOWL OR THIS FORM MAY BE UPLOADED WITH YOUR REGISTRATION FORM ON OUR WEBSITE

https://www.kansasshrinebowl.com/cheer.html

The Shrine Bowl of Kansas

P.O. Box 53, Spring Hill, KS 66083 Phone: (913)602-8656 events@kansasshrinebowl.com