KANSAS SHRINE BOWL
Acknowledgment and Hold Harmless Agreement
Due by April 3rd, 2020

I, (printed name) _____, fully acknowledge and understand the risks to my life and limb associated with my participation in activities of the 2020 Kansas Shrine Bowl. In consideration of the privilege extended to me to participate in activities of the 2020 Kansas Shrine Bowl, I hereby expressly and voluntarily assume the risks of such participation and agree to hold harmless The Shrine Bowl of Kansas, Inc., its subdivisions, officers, directors, employees, agents and assigns; The Kansas Masonic Foundation, its subdivisions, officers, directors, employees, agents and assigns; Shriners Hospitals for Children Inc., its subdivisions, officers, directors, employees, agents and assigns; its officers, directors, employees, agents and assigns; City of Topeka, its officers, directors, employees, agents and assigns; Visit Topeka, its officers, directors, employees, agents and assigns; Washburn University, its officers, directors, employees, agents and assigns; 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 2020 Shrine Bowl, including the employees, agents and assigns of every such member school, from all liability, damages, fees, costs and expenses of any kind or nature arising from or in connection with any injury, illness or other claim associated, either directly or indirectly, with my participation in any and all activities of the 2020 Kansas Shrine Bowl.

_____ Date_____
[Signature of Participant]

_____ Date_____
[Signature of Parent or Legal Guardian] *

***required unless participant will be 18 on or before 7/11/2020.**

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

https://www.kansasshrinebowl.com/band

The Shrine Bowl of Kansas
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