



2024 Participant / Attendee Waiver and Release of Liability

(To be signed by all event participants and attendees)

I recognize and acknowledge that there are inherent risks in my presence and participation in the (47th AHMA-PSW CA Conference Bowling Event). I acknowledge that this Waiver and Release of Liability form will be used by the event holders, sponsors, and organizers, in which I may participate, and that it will govern my actions and responsibilities at said events. In consideration of my registration and participation in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows:

- (A) Waive, Release and Discharge for any and all liability for my death, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event (47th AHMA-PSW CA Conference Bowling Event), their directors, officers, employees, volunteers, representatives and agents, event holders, event sponsors, event directors and volunteers.
- (B) Indemnify and hold harmless the entities or persons mentioned in this form from any and all liabilities or claims made by other individuals and entities as a result of any of my actions during this event.

I am aware the (47th AHMA-PSW CA Conference Bowling Event) does not provide health or accident coverage for me and it is my responsibility to pay any medical bills from injuries sustained while participating in the Event / Activity Listed here (47th AHMA-PSW CA Conference Bowling Event). I hereby consent to receiving medical treatment which may be deemed advisable in the event of injury, accident and/or illness during this event.

Print Name

Signature

Date

Emergency Contact

Phone Number