



Participation and Waiver Document

Supported Living Enterprises, LLC 2019

I, _____ will be participating in The Haase House, LLL, Special Events for 2019.

Name: _____

Address: _____

Phone: _____ Alternate Phone: _____

Emergency Contact (Relationship)/Phone: _____

Alternate Emergency Contact (Relationship)/Phone: _____

Please list ALL special needs, medical concerns, allergies or dietary issues, diagnosis(es)?

List all medications & dosages

Medication: _____ Dosage: _____ Time/s Taken _____

Medication: _____ Dosage: _____ Time/s Taken: _____

I understand and acknowledge that this Waiver discharges THH from any liability or claim that I may have against THH with respect to bodily injury, personal injury, illness, death or property damage that may result from my participation in these events. I also understand that THH does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage. I understand that I expressly waive any such claim for compensation or liability on the part of THH beyond what may be offered freely by the representative of THH in the event of such injury or medical expense. I hereby release and forever discharge THH from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my time with THH.

I grant permission to THH and those individuals employed or volunteering for them to take photos or video of myself and/or my property. I understand that the photo or video may be used in a public forum such as FaceBook, Instagram, Snapchat, a brochure or in other forms of media. I grant and convey unto THH all right, title, and interest in any and all photographic images and video or audio recordings made by THH during my work for THH, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings. I agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Wisconsin in the United States of America, and that this Waiver shall be governed by and interpreted in accordance with the laws of the State of Wisconsin. I agree that in the event that any clause or provision of this Waiver shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

Participant Signature

Date

Parent/Guardian Signature

Date