

Nurse Honor Guard of the River Cities
Waiver of Indemnity

I, _____ (print name) agree that the Nurse Honor Guard of the River Cities, (NHGRC), and their respective officers, directors, and agents, (hereinafter, the “RELEASED PARTIES”), shall not be liable or responsible for injury to me (including paralysis or death) or damage to my property during any NHRG activities and resulting from acts or omissions occurring during the participation of the duties of the “RELEASED PARTIES” even when the damage is caused by negligence (except for willful neglect).

I understand and agree that all NHGRC members and guests participate voluntarily and at their own risk in all NHGRC activities and I assume all risks of injury or injury or damage arising out of the conduct of such activities. I release and hold blameless the “RESPONSIBLE PARTIES” from any injury or loss to my person or property which may result from my participation in NHGRC activities and events.

I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE THE RESPONSIBLE PARTIES FOR ANY INJURY OR RESULTING DAMAGE TO MYSELF OR MY PROPERTY THAT ARISE FROM OR IN CONNECTION WITH THE PERFORMANCE OF THEIR DUTIES IN SPONSORING, PLANNING, OR CONDUCTING SAID EVENT.

Signature _____

Date _____