

EXHIBIT C
VOLUNTEER PROGRAM CONFIRMATION & RELEASE
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IN CONSIDERATION OF the undersigned Participant ("**Participant**") being granted the opportunity to voluntarily participate as a volunteer on behalf of the non-profit organization indicated below (the "**Non-Profit Organization**") at the Legends Hospitality, LLC, Legends Sports, LLC, or Legends Music, LLC (collectively, "**Legends**") facility indicated below ("**Facility**") for event(s) at the Facility within one (1) year from the date indicated below ("**Event(s)**"), the Participant (and in the case of any Participant less than eighteen (18) years of age, his/her Parent or Legal Guardian), individually and on behalf of the Participant, acknowledges and agrees as follows:

- A. **VOLUNTARY PARTICIPATION.** I, individually, and on behalf of my family members, guardians, heirs, executors, personal and legal representatives, estates, beneficiaries, administrators, successors and assigns (collectively the "**Releasor(s)**") Releasors acknowledges that I am volunteering at the Event voluntarily, of my own free will, and for the purpose of performing civic, charitable, or humanitarian duties. I will be volunteering for the Non-Profit Organization without any compensation, expectation of compensation, or commitment. I have not been required, pressured, or otherwise coerced into volunteering my time to the Non-Profit Organization or had any benefit preconditioned on volunteering time to the Non-Profit Organization. I understand and acknowledge that I am not an employee or agent of Legends, the Facility, the Event holder/promoter, nor any of their respective parent companies, affiliated entities, or corporate sponsors including, without limitation, each of their respective employees, agents, servants, officers, trustees, and representatives (in their official and individual capacities) (the "**Released Parties**"). I understand and agree that I am volunteering at the Event as a volunteer and that no compensation is expected in return for the services provided.
- B. **FITNESS FOR VOLUNTEERING.** I understand that the activities involved with volunteering may involve strenuous and hazardous physical activities and I certify that Participant is in good medical condition, fit to participate at the Event, and does not have any physical limitations, medical ailments, physical, mental, or medical condition that may pose a risk of harm or disability to others or himself/herself. I acknowledge and agree that I will not participate at the Event if my medical condition changes to the extent it may pose a risk of harm or disability to others or myself. As a condition of participating, I agree that I will immediately cease volunteering at any applicable Event if at any time I experience any abnormal mental or physical symptoms, including without limitation, dizziness, illness, injury, stress, anxiety, or embarrassment. I have not, and will not, engage in any unlawful conduct or in any activity that might negatively impact the reputation and good will of the Released Parties and other parties associated with the Event. I agree that the I will fully comply with all applicable governmental laws, regulations, and rules, all instructions provided by the Non-Profit Organization, and all rules and regulations of the Released Parties relating to his/her participation at the Event. I hereby represent and warrant to the Released Parties, understanding that the Released Parties are relying on such representation and warranty in allowing the Participant to participate at Event(s), that: (a) I have no medical condition which would or could impact on the Released Parties allowing me to participate at the Event(s); and (b) I am not under the influence of any drug, alcohol or taking any herbal or medicinal supplement or prescription that could impact on Participant's ability to safely and cooperatively volunteering at the Event(s) at any time prior to or during my participation in the Event.
- C. **ASSUMPTION OF RISK, RELEASE AND WAIVER.** I ACKNOWLEDGE THE INHERENT RISKS AND DANGERS OF MY participation AT THE EVENT(S), AND AGREE TO ASSUME ALL RISK, LIABILITY AND RESPONSIBILITY FOR ANY CLAIM, LOSS, BODILY INJURY, PERSONAL INJURY, ILLNESS, DEATH, OR PROPERTY DAMAGE THAT I MAY SUFFER OR INCUR DIRECTLY OR INDIRECTLY ARISING FROM MY PARTICIPATION AT THE EVENT(S). I, INDIVIDUALLY AND ON BEHALF OF MYSELF AND ANY HEIRS, SUCCESSORS, ASSIGNS, AND PERSONAL REPRESENTATIVES, AGREE NOT TO SUE AND RELEASE, ACQUIT AND FOREVER DISCHARGE, AND FOREVER HOLD HARMLESS THE RELEASED PARTIES FROM ANY OBLIGATION, LIABILITY, CLAIMS, OR DEMANDS OF WHATEVER KIND OR NATURE, EITHER IN LAW, BY STATUTE, OR IN EQUITY, THAT ARISE OR MAY HEREAFTER ARISE FROM MY PARTICIPATION AT THE EVENT(S), INCLUDING TRAVEL TO AND FROM THE FACILITY. I UNDERSTAND THAT THIS RELEASE DISCHARGES THE RELEASED PARTIES FROM ANY LIABILITY OR CLAIM THAT I, INDIVIDUALLY AND ON BEHALF OF MYSELF AND ANY HEIRS, SUCCESSORS, ASSIGNS, AND PERSONAL REPRESENTATIVES, MAY HAVE AGAINST THE RELEASED PARTIES WITH RESPECT TO ANY BODILY INJURY, PERSONAL INJURY, ILLNESS, DEATH, PROPERTY DAMAGE, PENALTY, WAGE, OR OTHER LOSS THAT MAY RESULT FROM MY PARTICIPATION AT THE EVENT(S), WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES. I ALSO ACKNOWLEDGE AND AGREE THAT THE RELEASED PARTIES DO 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 OR ILLNESS. IF MY INSURER(S) DO NOT PERMIT SUCH A WAIVER WITHOUT AN APPROPRIATE ENDORSEMENT TO MY INSURANCE POLICIES, THEN I COVENANT AND AGREE TO NOTIFY ANY OF SUCH RELEASOR'S INSURERS OF THE WAIVER SET FORTH HEREIN AND TO SECURE FROM ANY SUCH INSURER AN APPROPRIATE ENDORSEMENT TO MY INSURANCE POLICY WITH RESPECT TO SUCH WAIVER.
- D. **INDEMNIFICATION.** I, INDIVIDUALLY, AND ON BEHALF OF MY HEIRS, SUCCESSORS, ASSIGNS, AND PERSONAL REPRESENTATIVES, HEREBY AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS THE RELEASED PARTIES FROM ANY AND ALL LIABILITY, LOSS OR DAMAGES INCURRED OR SUSTAINED (INCLUDING INJURY OR DAMAGE TO PERSONS AND/OR PROPERTY) AS A RESULT OF ANY CLAIMS, DEMANDS, DAMAGES, ACTIONS, CAUSES OF ACTION, JUDGMENTS, COSTS, EXPENSES (INCLUDING HOSPITAL AND MEDICAL EXPENSES) AND/OR ATTORNEYS' FEES, WHICH RESULT FROM, ARISE OUT OF, OR RELATE TO MY PARTICIPATION AT THE EVENT(S).

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- E. **MEDICAL TREATMENT.** I, individually and ON BEHALF OF MY HEIRS, SUCCESSORS, ASSIGNS, AND PERSONAL REPRESENTATIVES, hereby release and forever discharges the Released Parties from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with my Participation at the Event. I grant permission to the Released Parties to cause emergency medical treatment to be provided if necessary.
- F. **RESPONSIBILITY FOR PARTICIPANT'S ACTIONS.** I AGREE TO ASSUME FULL AND COMPLETE RESPONSIBILITY FOR ANY CLAIM, LOSS, PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE THAT THE RELEASED PARTIES OR ANY PERSON OR ENTITY MAY SUFFER OR INCUR ATTRIBUTABLE TO MY COMMISSION OF ANY NEGLIGENT OR WRONGFUL ACT OR OMISSION IN CONNECTION WITH MY PARTICIPATION AT THE EVENT(S), OR MISREPRESENTATION BY ME OR ANY FAILURE BY ME TO COMPLY WITH THE TERMS OF THIS CONFIRMATION.
- G. **PHOTOGRAPHIC RELEASE.** I hereby grant to the Released Parties, in perpetuity, worldwide unrestricted permission, without reservation of any rights, and without any compensation, or additional consideration of any kind, in and to all original and derivative intellectual property rights and assets resulting from or created as part of my participation at the Event(s), and the use of my name, picture, portrait, likeness, identification, photo, audio, or video, and other recordings in all media now known or hereafter devised and modes of transcription, broadcast, and promotion of all or any part of the Event, and I hereby release all rights in and to all recordings and transcriptions (by video, digital, film, or any other methods now known or hereafter devised) of my participation at the Event(s). I acknowledge that the Released Parties shall own exclusively all copyright and other rights in and to such recordings and may use them forever and throughout the world in any manner without compensation to any Releasor. I hereby consent to any publicity, including the use of Participant's name, voice, likeness, and any biographical information provided in connection with the Event(s), and waive any right to inspect and/or approve any photography, film, audio, video, or any other recordings or advertising copy which may be used in connection with my participation or attendance at the Event(s).
- H. **OTHER.** I agree that this confirmation and release is intended to be as broad and inclusive as permitted by the laws of the State in which the Facility is located in and that this confirmation and release shall be governed by, and construed in accordance with the laws of the State in which the Facility is located in. In the event that any clause or provision of this confirmation and release shall be held invalid by any court of competent jurisdiction, the invalidity of this clause or provision shall not otherwise affect the remaining provisions of this confirmation and release, which shall continue to be enforceable.

BY SIGNING THIS CONFIRMATION AND RELEASE, I HEREBY ACKNOWLEDGE AND REPRESENT THAT: I HAVE FULL CAPACITY TO DO SO, HAVE READ THIS ENTIRE DOCUMENT, I UNDERSTAND ITS TERMS AND PROVISIONS, I UNDERSTAND THAT I AM WAIVING CERTAIN LEGAL RIGHTS THAT I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASED PARTIES, IT IS A BINDING AGREEMENT, AND I HAVE SIGNED IT KNOWINGLY, VOLUNTARILY, AND OF MY OWN FREE WILL.

PARTICIPANT MUST BE AT LEAST SIXTEEN (16) YEARS OF AGE

FACILITY: Nissan Stadium

NON-PROFIT ORGANIZATION: _____

PARTICIPANT (Please Print): _____ Birth (Mo.) _____ (Day) _____ (Year) _____

Address _____ (City) _____ (State) _____ (Zip) _____

Email _____ Tel _____

Signature _____ Date _____

IF PARTICIPANT IS LESS THAN EIGHTEEN (18) YEARS OF AGE, HER/HIS PARENT/GUARDIAN MUST COMPLETE THE FOLLOWING:

I AFFIRM THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE PARTICIPANT WITH AUTHORITY TO GIVE THIS AUTHORIZATION TO HIS/HER PARTICIPATION IN THE EVENT AND CONFIRMATION OF THE ABOVE AGREEMENT AND RELEASE. I AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASED PARTIES AND THEIR RESPECTIVE PARTNERS, OFFICERS, DIRECTORS, MEMBERS, EMPLOYEES, LESSORS, LESSEES, LICENSORS, LICENSEES, AGENTS, AND CONTRACTORS, AND EACH OF THEIR SUCCESSORS AND ASSIGNS, FROM AND AGAINST ANY LIABILITY ARISING OUT OF ANY CLAIM OF ANY INVALIDITY OF THIS CONFIRMATION AND RELEASE.

PARENT/GUARDIAN NAME (PLEASE PRINT): _____ PARTICIPANT'S BIRTH DATE: _____

ADDRESS: _____ (CITY) _____ (STATE) _____ (ZIP) _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____