WGI SPORT OF THE ARTS WGI Virtual, Regional & World Championships Events Release/Waiver Form

Signature of Participant

RELEASE/WAIVER FORM

Organization/Gr	oup Name

Name		
Address	City	State Zip
Phone	Email	
As used below, "Winter Guard International" shall mean Winter Gregoing.	uard International, Inc. and the office	ficers, directors, employees, agents, successors and assigns of each of
	OF PARTICIPATION - READ CA	AREFULLY BEFORE SIGNING
In consideration of my participation in color guard, percussion, or via 2023 pursuant to the WGI Virtual, Regional, and World Championsi reading this Form completely and carefully, including the notice above and agree as follows:	hips Events (the "Event"), wherever	
inherent to participation in the Event or other activities conducted in Fowlerii and coliform bacteria, muscle injuries, heat and stress relatives.	n conjunction therewith (which risk ated issues, cuts, lacerations and b the Released Parties (as defined	ts or expenses of any nature ("Claims") associated with all risks that are sks may include, among other things, exposure to COVID-19, Naegliria broken bones) whether such risks are open and obvious or otherwise. It under "INDEMNITY/INSURANCE" below) of and from all Claims arising
and charities participating in the Event and their respective paren contractors, subcontractors, representatives, successors, assigns, a against any and all Claims arising out of, or in anyway, connected w fees and disbursements through and including any appeal. I underst of the Released Parties and covers bodily injury (including death), p that I am not relying on the Released Parties to have arranged for, or	nt, subsidiary and other affiliated of and volunteers of each of the fore- ith my participation in the Event, w tand and agree that this indemnity property damage, and loss by theft or carry, any insurance of any kind t	or related companies; and the officers, directors, employees, agents, regoing entities (collectively, the "Released Parties") harmless from and wherever the Event may occur, including, but not limited to, all attorneys' y includes any Claims based on the negligence, action or inaction of any fit or otherwise, before, during, or after participation in the Event. I agree of for my benefit relative to my participation in the activities and the Event, y, or other insurance related to my participation in the Event, at my own
PHYSICAL CONDITION/MEDICAL AUTHORIZATION: I hereby ce the Event, and I have not been advised otherwise.	ertify that I am physically fit for parti	ticipation in the Event and have the skill level required in connection with
use and/or otherwise exploit my name, face, likeness, voice, and appropriate or other device applications online webcasts, television programming publication and use of Event results and standings, without compensations.	pearance, in all media, whether now ng, in motion pictures, films, news sation, residual obligations, reserva	eotape myself, at any WGI Event or activity, and further to display, edit, ow known or here after devised (including, without limitation, in computer vspapers, and magazines) and in all forms including, without limitation, vation or limitation, or further approval, and I agree to indemnify and hold leased Parties are, however, under no obligation to exercise any rights
	nder or related to my participation.	o, and further agree that the federal and state courts located in Ohio shall n. I irrevocably consent to the jurisdiction of the federal and state courts ID I SPECIFICALLY WAIVE THE RIGHT TO TRIAL BY JURY.
By signing below, I certify that; (1) I fully and completely read and complete; and (5) I consent and agree to all the foregoing.	understand this Form; (2) I am 18	18 years of age or older; (3) the information set forth above is true and
V		

Date