



RELEASE/WAIVER

In consideration of being allowed to participate in the UNCF event referenced below, I hereby release, hold harmless and covenant not to sue UNCF, each and every officer, agent, and employee (hereinafter collectively referred to as ("UNCF")), from all claims, causes of action, or demands of every kind which I may have in the future or that any person claiming through me may have in the future against UNCF by reason of any injury to person or property, or death, in connection with my participation in the below-described activity.

I am aware of the risks of choosing to participate in this activity and voluntarily choose to participate in this activity. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, which may be sustained by me as a result of participating in this activity. I agree to indemnify UNCF for any claims, causes of action, or demands that may arise from my participation in this activity.

I HAVE READ THE FOREGOING RELEASE AND AUTHORIZATION. I WARRANT THAT I AM 21 YEARS OF AGE OR OLDER AND FULLY UNDERSTAND THE CONTENTS OF THIS RELEASE.

Event: _____

Participant Name: _____

Participant Signature: _____

Date: _____

I am the Parent/Guardian of the above-named Participant who is under twenty-one (21) years of age and am fully competent to sign this agreement.

I give permission for Participant to participate in the above-referenced event. I acknowledge that the nature of the event may expose Participant to hazards or risks that may result in Participant's illness, personal injury or death and I understand and appreciate the nature of such hazards. I agree to indemnify UNCF for any claims, causes of action, or demands that may arise from Participant's involvement in this activity.

I HAVE READ THE FOREGOING RELEASE AND AUTHORIZATION BEFORE SIGNING BELOW. I WARRANT THAT I AM 21 YEARS OF AGE OR OLDER AND FULLY UNDERSTAND THE CONTENTS OF THIS RELEASE.

Parent/Guardian

Witness

By: _____
Name: _____
Date: _____

By: _____
Name: _____
Date: _____