2016 PARTICIPANT HOLD HARMLESS WAIVER

I, _____, who will act as the Participant of the _____, at the **Indianapolis Scottish Highland Games and Festival**, do understand and agree that I will hold the said Event and its insurance carrier harmless in the event that I, personally, suffer any injury or accident during the performance of my duties as Participant. I also understand that **this waiver applies ONLY to me personally** and not to any other participant or guest (General Public) who may be injured or suffer an accident within the confines of my area (for Clans, Societies and Vendors). I agree that I will underwrite any medical costs or other costs related to my injury or accident personally and/or in conjunction with my personal insurance carrier, and that in accordance with this waiver, I will not file a claim against the **Scottish Society of Indianapolis, Inc**., or **The Indianapolis Scottish Highland Games and Festival**, **The Scottish Foundation of Indianapolis Inc.,** or **German Park**, or their insurance carriers at some later date for such injury or accident that occurs within the confines of my clan, society or vendor area.

I acknowledge that this Hold Harmless Waiver applies only to my activities within the confines of my area or tent. When I am attending the events or activities during the Games-Festival outside of my area or tent I will be treated like any other member of the general public.

Signed this _____ day of _____, 2016 Effective period: _____, 2016

_____ _____

(Signature) **(Title)**

_____ _____

(Print Full Name) **(Street Address)**

_____

(City) **(State)** **(Zip)**

PART II

Participant (Clans, Societies, Vendors, Actors, Musicians, etc. <u>under age 18</u>)

_____ _____

(Signature, Parent/Guardian of Minor) **(Title)**

_____ _____

(Print Full Name) **(Street Address)**

_____

(City) **(State)** **(Zip)**