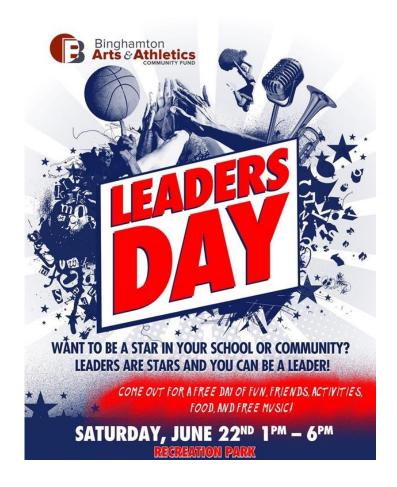


## Leaders Day Registration Form 3<sup>rd</sup> Grade – 8<sup>th</sup> Grade



11 Stations of fun Arts & Athletics Activities including:

ARTS - Dance Team, Pep Band, Steel Drum Band, Instrument Zoo, Theatre Games & Painting.

ATHLETICS - Basketball, Flag Football, Tennis, Lacrosse, Soccer.

Scan the QR Code to start the registration process!



## Participant Waiver Binghamton Arts & Athletics Community Fund Leader Day Saturday, June 22, 2024

NOTE: No students will be allowed to participate in Leaders Day without the consent of a parent or guardian. Also, parents/guardians must always be present during Leaders Day. This is not a "drop off" event. No exceptions.

IN CONSIDERATION of the acceptance of my participant form and the permission to participate as a community attendee at the Binghamton Arts & Athletics Community Fund "Leader Day" ("the event"), I, for myself, my heirs, executors, administrators, successors and assigns, HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE, the Greater Binghamton Chamber of Commerce, Binghamton Arts & Athletics Community Fund, all sponsors, volunteers, contributors, contractors, employees, sanctioning bodies ("the aforesaid") OF AND FROM ANY AND ALL claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property HOWEVER CAUSED, arising or to arise by reason of my participation in the event as a volunteer, attendee, or otherwise, whether prior to, during or subsequent to the event, AND NOTWITHSTANDING THAT THE SAME MAY HAVE BEEN CONTRIBUTED TO, OR OCCASIONED BY, THE NEGLIGENCE OF ANY OF THE AFORESAID. I further hereby agree to HOLD AND SAVE HARMLESS and AGREE TO INDEMNIFY all the aforesaid from and against any and all liability incurred by any and all of them as a result of, or in any way connected with, my participation in the event. I hereby authorize any first aid, medication, medical treatment, or surgery deemed necessary in case of emergency. I also authorize the attending medical person to execute on my behalf any permission forms and other appropriate medical documents on my behalf if I am not immediately available to do so. I understand that I am responsible for any charges incurred by me or on my behalf for medical treatment.

I further agree to abide by the Center for Disease Control's (CDC) recommendations for the prevention of the spread of the 2019 Novel Coronavirus Disease (COVID-19) and other communicable diseases, and I attest to having read the CDC's guidance at: <a href="https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html">https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html</a>. I assume all such risks being known, appreciated, and accepted by me. In addition, I acknowledge the contagious nature of COVID-19 and other communicable diseases and voluntarily assume the risk that I may be exposed to or infected by COVID-19 and/or other communicable diseases by participating in this event. I acknowledge that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand the risk of becoming exposed to or infected by COVID-19 in connection with my participation in this event and personally assume this risk. I also agree that I will not participate in the event if I have been recently diagnosed with COVID-19, exposed, or tested positive. I will notify planning officials if I develop symptoms and/or test positive within three weeks after the event.

I WARRANT that I am physically fit to participate as an attendee. I hereby further agree that my failure to sign the waiver will mean I will not be allowed to participate in the Binghamton Arts & Athletics Community Fund.

I approve of the use of any photos of myself taken at this event for use in promotional materials and advertising by the Binghamton Arts & Athletics Community Fund, The Greater Binghamton Chamber of Commerce, and the Binghamton City School District.

BY SIGNING THIS WAIVER, I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED TO THE ABOVE WAIVER, RELEASE AND IMDEMNITY.

Student Name/Participant Signature	DATE	
PARENT OR GUARDIAN SIGNATURE (if under 18)	DATE	