



# IBA Participation Waiver

Participant's Name \_\_\_\_\_ Age on Event Day \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Please read and sign waiver below:

In consideration of the acceptance of my entry, I, for myself, my executors, administrators and assignees do hereby release and discharge the Independence Business Association, the City of independence, Board members, volunteers, organizers, and all associated sponsors of all claims and damages, demands, actions whatsoever in any manner arising out of my participation in said event. I attest and verify that I have full knowledge of the risks involved in this event and I am physically fit to participate in this event. I further understand that photographs will be taken at the event and that these photographs may be used for the promotion of IBA events.

\_\_\_\_\_  
Signature (parent/guardian if under 18)

\_\_\_\_\_  
Date