

Hold Harmless/Waiver Form



Clan Cultural Center
Saturday, August 3, 2019

I am acting as a Representative of a Clan/Society at the St. Andrew's Society of Detroit 167th Annual Highland Games and 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 Representative. I also understand that this waiver applies ONLY to me personally and not to any other Clan/Society member who may be providing information within the confines of the clan tent area nor to any member of the General Public who may be injured or suffer an accident within this same area. 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 St. Andrew's Society of Detroit or their insurance carrier at some later date for such injury or accident.

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

Furthermore, I grant full permission to St. Andrew's Society of Detroit to use any photographs, videos and other types of recordings of me in any advertising, trade or any commercial purpose in accounts and promotions of this Event. I waive the right to inspect versions of my image used for publication or the written copy used in connection with the accounts and promotions of the Event.

Date: Signed Month: this day, of 2019.

Effective on the period of August 3, 2019:

Name:		Type Society Clan Name:	
Signature:			Date: <input style="width: 60px;" type="text"/>
Address:			City: <input style="width: 60px;" type="text"/>
State: <input style="width: 60px;" type="text"/>	Provence: <input style="width: 60px;" type="text"/>	Country: <input style="width: 60px;" type="text"/>	
Zip Code: <input style="width: 60px;" type="text"/>	Postal Code: <input style="width: 60px;" type="text"/>		
Phone: <input style="width: 60px;" type="text"/>	Email: <input style="width: 60px;" type="text"/>		
Phone : <input style="width: 60px;" type="text"/>	Cell #: <input style="width: 60px;" type="text"/>		

This form must be completed returned to register for the event.