



## WAIVER AND GENERAL RELEASE

I, \_\_\_\_\_, understand, recognize, and acknowledge that there  
(Full Name)  
are certain risks of injury while participating in \_\_\_\_\_  
(Name of Event)  
on \_\_\_\_\_ sponsored by \_\_\_\_\_  
(Date of Event) (Lodge name and number)

(herein after "the Lodge") and I agree to assume the full risk of any such injuries, damages, or loss, regardless of the severity, which may be sustained as a result of participating in this event.

In consideration of my participating in this event, I, \_\_\_\_\_, my  
heirs, executors and assigns, do hereby fully and forever release and discharge the Lodge,  
Moose International, Inc., an Indiana corporation, the \_\_\_\_\_ Moose  
(Name of Association)

Association (herein after "the Association"), and their agents, directors, officers, heirs,  
successors, and/or employees from and against any and all liability as a result of any and all  
injuries, illness, claims, actions or causes of actions arising out of or in any way associated with  
my participation in this event.

I agree to indemnify and hold harmless the Lodge, Moose International, Inc., an Indiana  
corporation, the Association, and their agents, directors, officers, heirs, successors, and/or  
employees against any and all claims, actions, or lawsuits whether brought by myself, anyone  
acting on my behalf, or anyone else, for any and all injuries, illness, damages, claims, and  
causes of action arising out of, in connection with, or in any way associated with my  
participation in this event.

I understand and acknowledge that the Lodge, Moose International, Inc., an Indiana  
corporation, the Association, and their agents, directors, officers, heirs, successors, and/or  
employees are not responsible for any injury or illness occurring from my participating in this  
event.

I affirm that the statements set forth above are true and correct and that I have read the  
terms and conditions of the foregoing Waiver and Consent and understand them accordingly.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Participant Signature

4/21/10