

**RELEASE AND ABSOLUTE WAIVER OF LIABILITY**

I, \_\_\_\_\_, hereby waive and release any past, current or prospective claim against Magnolia Regional Health Center, any staff member, employee, Board member, agent or representative thereof (hereinafter collectively "MRHC") based on the involvement of \_\_\_\_\_ in volunteering or otherwise participating in the Winter Wonderland event at the Arena in Corinth, Mississippi during the week of December 9 through December 14, 2019. I agree and warrant that I hereby assume the risk of injury through either my involvement or the involvement of my child(ren) in this event, and that I hereby waive all rights to pursue any claim against MRHC arising from participation in this event. I agree and understand that MRHC has in good faith relied upon my execution of this Release and Absolute Waiver of Liability, and that but for my execution of this Release and Absolute Waiver of Liability neither I nor any child(ren) identified herein would not be allowed to participate in the Winter Wonderland event.

Further, I hereby grant MRHC permission to use my likeness (or the likeness of any child(ren) named or identified herein) in a photograph or any other recorded form in any and all of its publications, displays, presentations and/or promotional material, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of MRHC and will not be returned. I hereby irrevocably authorize MRHC to edit, alter, copy, exhibit, publish or distribute such photographs or other recorded images for purposes of publicizing MRHC programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge MRHC from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

The undersigned further acknowledges and warrants that he/she is over the age of eighteen (18) years of age, or in the alternative is the duly authorized guardian/legal representative of any child(ren) identified herein, and is duly authorized to execute this Release and Absolute Waiver of Liability individually, or in the alternative, on behalf of any such child(ren). This Release and Absolute Waiver of Liability is intended to continue in full force and effect until I revoke same in writing.

The undersigned further acknowledges and warrants that he/she has read this Release and Absolute Waiver of Liability before signing below, that he/she fully understands the contents, meaning, and impact of this Release and Absolute Waiver of Liability and that he/she has executed same of his/her own free will.

WITNESS my signature, this, the \_\_\_\_\_ day of \_\_\_\_\_, 2019.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
Participant or authorized Guardian/Legal  
Representative signature