

# **Indiana Society of the Sons of the American Revolution**

## **Color Guard Participation Release of Liability Waiver For The Year of 01 January to 31 December 2025**

In consideration of being allowed to participate in the Indiana SAR program and related events and activities, the undersigned, acknowledges, appreciates, and agrees that:

1. I certify that I am physically fit, have sufficiently prepared or trained for participation in the activities, and have not been advised not to participate by qualified medical personnel. I certify that there are no health-related reasons, problems or concerns which would preclude or make inadvisable my participation in the Activities. I also hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:
  - a. I also recognize and accept that there are risks attendant to the Activity, including, but not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, event officials, and/or producers of the event, and lack of hydration, inaccessibility to medical assistance, handling and use of black powder, discharge of small arms and cannons, the risk of injury attendant to movement of large groups of people. I acknowledge the hazard of uneven surfaces, pits, holes, and other hazards inherent in environments in which the Color Guard participates and accept full responsibility for these hazards as I might encounter. I hereby consent to receive medical treatment at my own expense which may be deemed advisable in the event of injury, accident, and/or illness during this event.
  - b. I have read and reviewed all Color Guard Safety Policies that have been posted in the members section of the Indiana SAR website. I agree to comply with all safety policies at all times when participating with the Color Guard. I agree to follow the directions and commands of the event organizer, safety officer, District, State, or National Color Guard Commander at all times and I understand and acknowledge that failure to follow directions and commands in a safe manner may result in my future inability to participate in events with the Indiana SAR Color Guard.
  - c. I agree to waive and relinquish all claims that I may have for injuries or damages, as a result of participating in the Color Guard against the National SAR, Indiana SAR, all Chapters of the Indiana SAR, and its officers, agents, other volunteers, affiliates, sponsors, property owners, and event hosts/organizers.
  - d. I do hereby release and the National SAR, Indiana SAR, all Chapters of the Indiana SAR and its officers, volunteers and affiliates, sponsors, property owners, and event hosts/organizers from any and all claims for

injuries, including death, damages, property damage, or loss which may have or may in future accrue to me in account of participating in or volunteering for the Indiana SAR.

**I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.**

For participants of minority age (under age 18) this is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, even if arising from their negligence, to the fullest extent provided by law.

\_\_\_\_\_  
Printed Name of Participant  Check if Minor

\_\_\_\_\_  
Chapter National Membership Number

\_\_\_\_\_  
Printed Name of Parent/Guardian (if a minor)

\_\_\_\_\_  
Signature Date

This form is to be completed annually and kept on file by the Indiana SAR Color Guard Commander for 7-years for an adult, and for 7-years after a minor turns 21.