

Release and Waiver of Liability and Indemnity Agreement for Minors

Please read this document carefully. It affects your legal rights.

EVENT: The Southern Association of Tax Administrators (SEATA) will hold a conference at the Ritz Carlton Hotel in New Orleans, LA from July 9-12, 2017. In connection with this event, SEATA is providing various family activities in and around the New Orleans area (the Activities). DMI in New Orleans, LA has organized these activities. Hereafter SEATA and DMI are referred to as the "Sponsors."

PERMISSION: I hereby give permission for my minor child as identified below to participate in the Activities. I also certify that my child is fully capable of participating in these Activities, is in good health, and has no conditions or limitations that would preclude his or her participation in the Activities.

ASSUMPTION OF RISKS: On my own behalf and on behalf of my child, I acknowledge that there are potential risks, including a risk of bodily injury or death, associated with participation in the Activities; the Sponsors cannot guarantee that any Activities or equipment used in connection with the Activities will be free of hazards, accidents, and/or injuries; participation in the Activities is voluntary; and my child and I knowingly assume all known and unknown risks associated with the Activities.

RELEASE AND INDEMNIFICATION: In consideration of the opportunity afforded my child to participate in the Activities, I, on my own behalf and on behalf of my child, hereby release and forever discharge the Sponsors and their respective shareholders, directors, officers, employees, volunteers, agents, and contractors (collectively the "Staff") from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, that may arise or may hereafter arise from or in connection with the Activities. I understand that my child and I are discharging the Sponsors and Staff from any liability or claim that either of us may have against them with respect to any bodily injury, personal injury, illness, death, property loss, or property damage that may result from my child's participation in the Activities. I also agree, on my own behalf, to defend and indemnify the Sponsors and Staff from and against all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorneys' fees, suffered or incurred as a result of my child's participation in the Activities.

MEDICAL TREATMENT: On behalf of my child, I hereby grant permission for physicians, dentists, and other licensed health care providers selected by the Sponsors to provide medical or dental services that may be needed by my child, as reasonably determined by the Sponsors, while participating in the Activities, and I agree that I will be financially responsible for any charges associated with such services.

OTHER: The agreements herein shall be governed by and interpreted in accordance with the laws of the State of Louisiana. In the event that any clause or provision shall be held to be invalid by any court of competent jurisdiction, the validity of such clause or provision shall not otherwise affect the remaining provisions.

The undersigned hereby acknowledges that he or she is the parent or legal guardian of the below named child, and the undersigned has read and understands the terms of this instrument.

Printed Name of Participant (Minor): _____

Signature of Parent/Guardian: _____

Printed Name of Parent/Guardian: _____

Cell phone for emergency use: _____

Name and cell phone of secondary contact: _____