



HOLD HARMLESS AGREEMENT:

I, the undersigned, agree to assume all risk of accident, injury, illness, or loss that may occur at, during, or in connection with any activity related to DSOSN. I further agree to hold DSOSN harmless and release DSOSN from any and all legal claims which I may have for any expenses, damages, injuries, or losses arising from any activity related to DSOSN. I understand that DSOSN provides services which benefit me, either directly or indirectly, and that my (and/or my child's) participation in activities related to DSOSN constitutes satisfactory consideration for this agreement.

Participant(s) Name(s): _____

Parent/Guardian Name (Please Print): _____

Signature: _____ Date: _____

TRANSPORTATION WAIVER

I understand that if, while in connection with any activity held, promoted, conducted, sponsored, ran, organized, or operated by or in conjunction or partnership with Down Syndrome Organization of Southern Nevada (hereinafter collectively "DSOSN"), I am operating or riding in a private passenger vehicle which is involved in an accident, I will be covered for bodily injury under the primary insurance policy covering that vehicle, including any applicable secondary or umbrella coverage on that vehicle, and I agree to submit any claims in connection with the accident to said insurance company(ies). If the policy has been issued with a deductible clause relative to the liability coverage, I understand that I am responsible for that deductible. I understand that if, while I am operating or riding in a commercial carrier or other leased or rented vehicles in connection with any activity related to DSOSN and an injury occurs, I shall look to the commercial carrier's applicable primary, secondary, umbrella, and any other related liability coverage and/or to the owner and/or operator of the leased or rented vehicle to pay any expenses or damages incurred as a result of such accident, injury, or loss, and not to DSOSN.

Participant(s) Name(s): _____

Parent/Guardian Name (Please Print): _____

Signature: _____ Date: _____