Wise Health Foundation

CLAY SHOOT

Wise Health System and Wise Health Foundation Liability Release

(One per participant)

As a participant in the WHF Clay Shoot, for myself, my executor, administrators, and assigns, I do hereby release and discharge Wise Health System and Wise Health Foundation, the event site, their management, their officers, members, sponsors, organizers, or their representatives, or their successors, and all cooperating businesses and organizations from all claims of damages, demands, actions, and causes whatsoever, in any manner arising or growing out of my participation in this event.

I give my full permission for the use of my name and photograph in this event or any and all future marketing, advertising or publicity used for WHS, WHF and/or any sponsors or organizations affiliated with this event.

I also give my full permission for such first aid as is deemed necessary to be provided to me on the premises or prior to transport to a hospital for further treatment.

Participant Signature _____ **Date** _____

Releases can be mailed, faxed or emailed to the address below.

Wise Health Foundation • 2000 S. FM 51 • Decatur, TX 76234
Phone: 940-626-1384 • Fax: 940.626.3937 • lsherwood@wisehealthsystem.com