

**Wisconsin Foundation & Alumni Association
GENERAL RELEASE AND HOLD HARMLESS AGREEMENT
2017 Class of 1967 50th Reunion**

In this General Release and Hold Harmless Agreement ("Agreement"),

A. I, me, and my means the person who signs this document and anyone who has or obtains authorization and/or legal rights from or through that person.

B. Entities, includes, but is not limited to, University of Wisconsin Foundation ("UWF"), Wisconsin Foundation & Alumni Association ("WFAA"), Wisconsin Alumni Association ("WAA"), Travel and/or Event staff and/or volunteers, and each of their vendors, subsidiaries, affiliates, predecessors, successors, officers, directors, employees, agents, assigns, owners, members and insurers.

C. Event means the Class of 1967 50th Reunion (and all associated events) being held in and around Madison, WI, occurring on or about October 12, 2017 through on or about October 15, 2017.

D. Travel means any mode of transportation, including, but not limited to, travel by bus, van, car, train, boat and/or trolley for any purpose related to the Event.

E. My Claims means all claims arising from my participation in the Event even if the claims arise out of the Entities' own negligence. My Claims include, but are not limited to, claims for use of likeness, privacy, personal injury, bodily injury, death, property damage, pain and suffering, medical expenses, income loss and loss of earning capacity, punitive damages, loss of consortium, attorney fees, costs, and any other claim of any sort.

RELEASE

In exchange for the opportunity to Travel and participate in the Event, and for other valuable consideration, the receipt and sufficiency of which I acknowledge, I hereby give up, release, and forever discharge any and all of My Claims against the Entities, including claims arising from the Entities' own negligence. I agree that the opportunity Travel and/or to participate in the Event is a full and fair exchange for the release of all of My Claims. I expressly assume the risk of any accident or injury, including death, which may result from Travel and/or my participation in the Event. I will not sue or make any claims against the Entities in connection with My Claims. I agree to indemnify and hold the Entities harmless from anyone, including all medical providers and insurers, who does sue or make a claim as a result of Travel and/or my participation in the Event.

ADDITIONAL AGREEMENTS AND UNDERSTANDINGS

By signing this Agreement, I am giving up and releasing all of My Claims, including claims for damages that may not have happened yet and that may be unforeseen or unexpected.

I am old enough to sign this Agreement and to be legally bound by it. I know that this is a legal contract that is binding upon me.

I have read this Agreement carefully and I understand all of it. I know that I am free to consult with an attorney of my own choosing if I want. In signing this Agreement I have not relied on any statements or explanations by the Entities or any of their representatives.

I understand and agree to irrevocably grant to Entities, its successors, assigns and licensees the exclusive right and authority to copyright, use and publish my voice, picture, name and likeness for advertising, publicity or promotional and other purposes in connection with the Entities in any form, including and without limitation, newspapers, magazines, motion pictures, game programs, audio tapes, video tapes, television broadcasts, social media and web pages. The right shall belong to the Entities at all times and shall survive the termination of this Agreement. No additional compensation shall be paid or payable to me for any right or use granted to Entities by me.

I understand and agree that this Agreement contains all of the agreements between the Entities and me, and that we have no other written or oral agreements.

I understand that this release of My Claims is intended to be as broad and inclusive as permitted by Wisconsin law and that if any portion of this is held invalid, it is agreed that the balance shall continue in full legal force and effect.

**I HAVE READ THIS DOCUMENT CAREFULLY, AND I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS.
I APPRECIATE AND ASSUME ALL RISKS.**

Print Name

Date

Signature

Phone

Address

City State Zip