



HOPE IN DARKNESS GLOBAL FOUNDATION

P.O. Box 1713

Dublin, GA 31040

www.hopeindarkness.org

LIABILITY WAIVER & RELEASE FORM FOR 6th Annual WEAR IT SHARE IT DAY FREE THROW & HALF COURT SHOOTOUT PARTICIPATION

I, _____, wish to participate in the **FREE THROW & HALF COURT SHOOTOUT** offered by **HOPE IN DARKNESS GLOBAL FOUNDATION**. As a precondition to participating, I understand that participating in this event may entail inherent risks of physical injury or damage. I am fully aware of the risks and hazards associated with the activity, and hereby elect to voluntarily participate. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me as a result of participating, unless caused by the gross negligence or willful misconduct of the **HOPE IN DARKNESS GLOBAL FOUNDATION**, its officers, trustees, agents, employees or volunteers.

PARTICIPANT'S SIGNATURE: _____

EMAIL: _____ **PHONE:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____