



MISSOURI SOCIETY SONS OF AMERICAN REVOLUTION

Color Guard Participation - Waiver & Release of Liability for the Year of

1 Jan - 31 Dec 2025

In consideration of being allowed to participate in the Missouri SAR program and related events and activities, the undersigned, acknowledges, appreciates, and agrees that:

1. I certify that I am physically fit, have sufficiently prepared or trained for participation in the activities, and have not been advised not to participate by qualified medical personnel. I certify that there are no health-related reasons, problems or concerns which would preclude or make inadvisable my participation in the Activities. I also hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- a. I recognize and accept that there are risks attendant to the Activity, including, but not limited to, those caused by terrain, facilities, transportation, weather, condition of participants, equipment, vehicular traffic, actions of other participants including, but not limited to, participants' willfulness, operations, even thoughts, and/or positions, of the event, and lack of instruction, accessibility to medical assistance, handling and use of black powder, discharge of small arms and cannons, the risk of injury attendant to movement of large groups of people. I acknowledge the hazard of uneven surfaces, pits, holes, and other hazards inherent in environments in which the Color Guard participates and accept full responsibility for these hazards as I might encounter. I hereby assume to receive medical treatment at my own expense which may be deemed advisable in the event of injury, accident, and/or illness during this event.

- b. I have read and reviewed all Color Guard Safety Policies that have been posted in the members section of the Missouri SAR website. I agree to comply with all safety policies at all times when participating with the Color Guard. I agree to follow the directions and commands of the event organizer, safety officer, District, State, or National Color Guard Commander at all times and I understand and acknowledge that failure to follow directions and commands in a safe manner may result in my future inability to participate in events with the Indiana SAR Color Guard.

- c. I agree to waive, hold harmless, and relinquish all claims that I may have for injuries or damages, as a result of participating in the Color Guard against the National SAR, Missouri SAR, all Chapters of the Missouri SAR, and its officers, agents, other volunteers, affiliates, sponsors, property