

KENTUCKY WOUNDED HEROES, INC.

REQUEST AND INDEMNITY AGREEMENT

I request that Kentucky Wounded Heroes, Inc. permit me to participate in _____ at _____.
(Event) (Location)

In consideration for permitting me to participate in said event and the further consideration of providing said opportunity and making arrangements for my participation in said event (including transportation arrangements, if applicable) and other good and valuable consideration received, I hereby discharge, release and hold harmless Kentucky Wounded Heroes, Inc. and its administrators, directors, agents, assistants, chaperones, employees, assigns and all others associated with Kentucky Wounded Heroes, Inc. from any and all liability for any injury, loss, damages, expenses or other claim I may have arising out of my participation/attendance at said event and I further hereby bind myself to indemnify Kentucky Wounded Heroes, Inc., its directors, assistants, chaperones, administrators, agents, employees and all other personnel associated with Kentucky Wounded Heroes charged hereafter with responsibility or liability for any sum of money, over and above applicable insurance coverage provided by Kentucky Wounded Heroes, Inc., that any of those released and indemnified hereunder may hereafter be compelled to pay on account of injury, loss or other claim arising as a result of my participation in or attendance at the aforesaid event.

Printed Name

Signature(s)

DATE: _____

Witness