

**ANHEUSER-BUSCH**  
**WASHINGTON'S BIRTHDAY PARADE**  
*SATURDAY, FEBRUARY 17, 2018*  
*9:00 A.M.*

**PARTICIPANTS RELEASE FORM**

*(One per each participant in your unit)*

**DEADLINE: Wednesday, January 10, 2018**

Organization/School Name: *Sons of The American Revolution*

Note: Individuals not furnishing a copy of this Release Form to the WBCA office by Wednesday, January 10 2018, WILL NOT BE ALLOWED TO PARTICIPATE.

I \_\_\_\_\_ in consideration of my participation in a  
(Print Name)

Parade known as the Anheuser-Busch Washington's Birthday Parade, hereby grant to the Washington's Birthday Celebration Association, Inc (WBCA) and Anheuser-Busch Co., the right to record, broadcast and otherwise exploit in any and all media throughout the world my performance in the event and to use my name, likeness, voice and biographical information concerning me in connection therewith.

I assume all risks associated with my participation in the parade and hereby release and hold harmless the WBCA, the sponsors of and suppliers to the parade, and their respective directors, officers, employees, agents, successors and assigns, from and against any and all claims, damages, liabilities, costs, and expenses, including reasonable attorney's fees, arising out of my participation in the parade, including without limitation any personal injuries [or damage to my property] which I may incur as a result of participation in the parade. I warrant that I am of legal age and that I have read and fully understand the foregoing terms. (If not, parent or guardian must sign.)

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
ADDRESS                      CITY              ST              ZIP

\_\_\_\_\_  
DATE

***Parent or Guardian's Guarantee***

I represent and warrant that I am the parent or legal guardian of the participant named above, that I am of legal age and that I have read and fully understand the foregoing participant's release and agree for participant and participant's heirs, successors and assigns and for the participant's legal representatives to be bound by the terms thereof.

\_\_\_\_\_  
PRINT NAME PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
ADDRESS                      CITY              ST              ZIP

\_\_\_\_\_  
DATE