

Beta Iota Omega Chapter, Alpha Kappa Alpha Sorority, Inc.
2023-2024 Cotillion

Acknowledgment, Waiver, and Release of Liability Form

Participant's Name _____

Participant's Role: Cotillionette Escort Adult Presenter (Parent, etc.)

I hereby acknowledge that participation in the **Beta Iota Omega Chapter of Alpha Kappa Alpha Sorority, Inc. Cotillion**, scheduled to take place on _____ in Greensboro, North Carolina, is voluntary and includes choreography rehearsals and other activities and events. I understand that it is my responsibility to ensure that I possess the physical and mental health and agility necessary to participate in Cotillion activities and events. I further acknowledge and accept the potential health risks associated with interacting with others in proximity or crowds (e.g., COVID-19, communicable diseases, etc.), and I understand that it is my responsibility to take reasonable safety precautions and have proper insurance coverage for illness, injury, death, and property damage or loss. I also agree to abide by all applicable federal, state, and local laws while participating in Cotillion events and activities.

My signature below indicates my intent to indemnify, hold harmless, and release from liability, Alpha Kappa Alpha Sorority, Incorporated®, Beta Iota Omega Chapter, and all of its officers agents, members, and volunteers, from and against all claims for damages, demands, or causes of action (including negligence), as well as for any property damage, injury (physical or psychological), or death, which stems from participation in Cotillion events and activities. I understand that this Acknowledgment, Wavier, and Release of Liability Form shall be enforced throughout the duration of all events and activities related to the Cotillion in which I am participating.

Participant's Signature (or Parent's/Guardian's Signature if under 18)

I affirm that I am at least 18 years old and I am authorized to sign this document on behalf of myself or the minor participant. I further acknowledge that I have read and understand this form and my signature below is voluntary and signifies my acceptance of these terms.

Signature: _____ **Date** _____

Printed Name: _____

Relationship to Participant: _____

EMERGENCY CONTACTS

In the event of an emergency, I hereby agree that the following person(s) should be contacted.

Emergency Contact Name: _____	Alternate Emergency Contact Name: _____
Relationship to Participant: _____	Relationship to Participant: _____
Phone number: _____	Phone Number: _____