**Beta Iota Omega Chapter 2024-2025 Cotillion Waiver and Release of Liability and Hold Harmless Agreement**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Role in Cotillion\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby acknowledge that this is a Waiver and Release of Liability form for my Cotillionette’s (daughter), Escort, and all other participants (Mother and Father) in the participation in **the 2024-2025 Beta Iota Omega Chapter Cotillion** that is scheduled to take place in Greensboro, North Carolina Spring 2025 including Cotillion choreography rehearsals and all other activities and events relating to the Beta Iota Omega Chapter Cotillion. I hereby understand that the Waiver and Release of Liability formis applicable to my Cotillionette, Escort, and all other family members and participants of my Cotillionette’s in the 2024-2025 Cotillion**.** In consideration of my desire to voluntarily participate in **the 2024-2025 Cotillion,** I understand I have been given the privilege to participate and fully understand the Waiver and Release of Liability and Hold Harmless Agreement form (hereinafter, “**Waiver and Release of Liability form**”). I hereby affirm that the Waiver and Release of Liability form is voluntarily signed and I agree to hold harmless Alpha Kappa Alpha Sorority, Incorporated®, Beta Iota Omega Chapter, their affiliates, officers, members, agents, and national organization for any foreseeable and unforeseeable accidents, injury, damage, cost/expense, claim or claims that may arise.

I hereby acknowledge and affirm that this Waiver and Release of Liability frees Alpha Kappa Alpha Sorority, Incorporated, Beta Iota Omega Chapter, their affiliates, officers, members, agents, and national organization from any foreseeable and unforeseeable accidents, injury, damage, cost/expense, or claims during all 2024-2025 Cotillion activities including but not limited to: Cotillionette activities, choreography rehearsals, or any other related events.

I hereby acknowledge that this Waiver and Release of Liability form in the English language. I hereby confirm that I am able to read and understand all information on this form. I hereby understand that no prior or current agreement (verbal/written) has been made for my voluntarily participation in **the 2024-2025 Cotillion and all related events and activities.** I understand it is my responsibility that I have the physical, medical, and mental health well-being and agility to voluntarily participate in **the 2024-2025 Cotillion and all related events and activities.** I hereby confirm that I am able to walk, stand, move, interact with others in crowds (lawfully, physically/medically, and mentally) with or without reasonable accommodations (e.g., wheelchair, assistance, etc.). I hereby acknowledge the potential associated health-risk exposures with interacting with others in close proximity or crowds (e.g., COVID-19, communicable diseases, etc.) and voluntarily signed the Waiver and Release of Liability form.

I hereby understand that this Wavier and Release of Liability form shall be enforced throughout the duration/time frame of **the 2024-2025 Cotillion,** through its’ activities, events and choreography rehearsals,and any time frame thereafter associated with **the 2024-2025 Cotillion**, should any claim or claims arise**.** I hereby understand that it is my responsibility to have proper insurance coverage in a case of an accident, personal injury or death. I hereby agree to hold harmless Alpha Kappa Alpha Sorority, Incorporated®, Beta Iota Omega Chapter, their affiliates, officers, members, agents, and national organization responsible for any bodily injury, death or property damage and hereby release any affiliate, officer, agent, member or volunteer associated with **the 2024-2025 Cotillion** for any claim or claims that might arise as a result of bodily injury, death or property damage or as a result of the voluntarily participation in **the 2024-2025 Cotillion and all related events and activities**

I hereby agree to abide by all laws in North Carolina in the United States of America throughout my voluntarily participation in **the 2024-2025 Cotillion and all related events and activities.** I understand that I am required to use safety precautions during my participation in **the 2024-2025 Cotillion**.

I hereby, for myself and family members including those who are minors participating in **the 2024-2025 Cotillion** knowingly and voluntarily enter into this Waiver and Release of Liability and waive any and all rights, claims, or causes of action of any kind arising from my participation in **the 2024-2025 Cotillion.** I release and discharge Alpha Kappa Alpha Sorority, Incorporated®, Beta Iota Omega Chapter, their affiliates, officers, agents, members, volunteers, and national organization from any physical or psychological injury that I may suffer as a direct or indirect result of my participation in **the 2024-2025 Cotillion and all related events and activities.**

I hereby understand that I am voluntarily allowing my Cotillionette (daughter), Escort, and all other participants (Mother and Father) including those who are minors to participate entirely at their own risk in **the 2024-2025 Cotillion**.  I expressly acknowledge that **the 2024-2025 Cotillion** may involve serious risks and injury, and agree to indemnify, defend, and hold harmless Alpha Kappa Alpha, Incorporated®, Beta Iota Omega, Chapter, any affiliates, officer, agent, members, or volunteers.

**Emergency Contact**

**In the event of an emergency, I hereby agree that the following person should be contacted and understand that the Waiver and Release of Liability form is still enforced and applicable when the emergency contact person is contacted.**

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant’s Signature (or Parents Signature if under 18)**

I affirm that I am of the age 18 years or older and I am aware that this is a Waiver and Release of Liability form. I hereby affirm that I am voluntarily signing the Waiver and Release of Liability form within my full mental capacity and free will without duress or being coerced. I affirm that that I am authorized to sign this document on behalf of myself and family member, including minor children, or affiliated business/club/or organization.

**Participant’s Name (Print**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_