



RELEASE OF LIABILITY

SCOUT PULP AND PAPER MERIT BADGE DAY

YOU MUST HAVE THIS FORM COMPLETED AND SIGNED TO PARTICIPATE

This Waiver and Release covers all participants in the Graphic Packaging International, LLC ("GPI") Scout Pulp and Paper Merit Badge Day, which will take place at 1810 N. Pitcher St., Kalamazoo, MI 49007 and/or use of the property, facilities, and services of GPI. Participation in all activities, including the use of Company-provided facilities, premises, and equipment, shall be at the sole risk of the undersigned. Please read the following information carefully and initial each paragraph to confirm that you have read and understand it. Parents or guardians must complete and sign for all participants under the age of 18 years.

_____ I/We agree to abide by all GPI policies and procedures, to agree to observe and obey all posted rules and warnings, and to abide by and follow any oral instruction or directions given by GPI, or the employees, representatives or agents of GPI.

_____ I/We recognize that there are certain inherent risks associated with the above described activity. The undersigned, for himself/herself/themselves and/or any of his/her/their participating child(ren) under the age of 18 years, hereby waive(s) any and all claims, demands, damages, actions, or causes of action whatsoever, past, present, or future, known or unknown, arising out of or related to any loss, damage, or injury, including death, to persons or property arising out of or related to the use of the services, facilities, or premises of GPI, or of the equipment therein, by the undersigned. Further, the undersigned hereby agree to indemnify and hold harmless GPI, its officers, owners, agents, and employees from any claim arising out of or related to the undersigned's use of GPI facilities and premises and/or participation in GPI-sponsored activities. This Waiver and Release shall be binding on the heirs, next of kin, executors, administrators, personal representatives, and assigns of the undersigned.

_____ I/We agree to pay for all damages to the facilities of GPI caused by my or my family's negligent, reckless, or willful actions.

_____ I/We agree that, in the event of an injury to any minor child referenced below during the above described activities, GPI or its employees, representatives or agents may provide first aid treatment or arrange for emergency services as needed, and I/We will be financially responsible for any such treatment or services.

_____ I/We agree that any legal or equitable claim that may arise from participation in the above activities shall be resolved under New Hampshire law.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

Participant's/Parent's or Guardian's Name (Please Print)

Participant's/Parent's/Guardian's Signature

Date

(For participants under 18) Parent's Name and Emergency Contact Number

Child's Name _____ **Gender** ____ **Age** _____

Child's Name _____ **Gender** ____ **Age** _____

Child's Name _____ **Gender** ____ **Age** _____