

OTIS UNITED WAY VOLLEYBALL TOURNAMENT

Participant's Name: _____

Participant's Address: _____

Participant's Company: _____

Waiver, Indemnity Agreement and Medical Treatment Authorization Form:

In return for Otis Elevator Company ("Otis") permitting me to participate in the Otis United Way Volleyball event, I authorize Otis and United Way to use any pictures of the above-named participant for the purpose of media, publicity or advertising relating to the Otis United Way Volleyball event without remuneration to the above-named participant. I am fully aware of the risks of physical injury, including the risk of catastrophic injury and death, as well as other damages and losses associated with sports such as Volleyball. I recognize that any of the above-noted injuries, losses or damages could arise from my participation in any and all activities connected with or associated with the Otis United Way Volleyball event. I further agree on behalf of myself, my heirs, and personal representatives, that Otis, its officers, employees, representatives and directors, and any sponsors, coaches, and volunteers associated with the Otis United Way Volleyball event shall not be liable for any claims of injury, loss of life or other damage occurring as a result of my participation, and waive all such claims whether based on negligence or any other breach of duty. I further represent that I am physically fit and able to participate in the Otis United Way Volleyball event and I am not aware of any medical condition, which may be exacerbated by or worsen due to my participation. I hereby give my consent to Otis to arrange and provide for customary medical attention, transportation, and emergency medical services as may be warranted in the course of my participation in the Otis United Way Volleyball event.

_____ Date: _____
Participant