

DONATION/SPONSOR/CONTRIBUTOR

NAME: _____ ADDRESS: _____

CITY, STATE: _____ RELEASE ENCLOSED ____ YES ____ NO

LOGO/OR BUSINESS CARD ENCLOSED ____ YES ____ NO

_____ Purple Club - \$1000 or more _____ Gold Club - \$500 to \$999

_____ Green Club - \$250 to \$499 _____ White Club - \$101 to \$249

_____ Friends of RICHSS - \$100 or less

Donate at

www.richssorganization.org

or

RICHSS

P.O. Box 843

Newburgh, IN 47629

Regional Infant and Child Hemiplegic Stroke Survivors

www.richssorganization.org



RELEASE

I, HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE RICHSS – REGIONAL INFANT AND CHILDHOOD HEMIPLEGIA STROKE SURVIVOR ORGANIZATION its DIRECTORS, AGENTS, OFFICERS, MEMBERS, VOLUNTEERS, EMPLOYEES, ADVERTISERS, OWNERS, LESSORS OF PREMESIS ON WHICH ANY ACTIVITY TAKES PLACE REGARDING RICHSS, FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY ME NEGLIGENCE OF THE ORELEASEESO' OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, I, OR ANYONE ON MY BEHAVE, MAKES A CLAIM AGAINST ANY OF THE RELEASES, I WILL INDEMIIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEE FROM ANY LITIGATIONS EXPENSES, ATTORNEY FEES, LOSS, LIABILITY, DAMAGE OR COST WHICH ANY MAY INCUR AS THE RESULT OF SUCH CLAIM..

I HAVE READ THE AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATUARE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RLEASE OF ALL LIABILITY TO THE GREATES EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PROTION OF THE AGAREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

_____ (Print Name or Business)

SIGNATURE

DATE

Thank you.

Please return with your generous contribution the Release page, the Donation page and your business card or logo.