



**NATIONAL ASSOCIATION OF WOMEN IN CONSTRUCTION
Cleveland Chapter #156**

P. O. Box 31911, Independence, OH 44131
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www.nawiccleveland.org

RELEASE AND WAIVER OF LIABILITY

(Bring this completed release and waiver of liability with you if you plan to take the tour.
Hardhat, safety glasses, flat shoes and appropriate attire are required for the tour.)

Event: **NAWIC Cleveland Chapter #156 | University Hospitals Cancer Center Tour**

Date: **Thursday, March 11, 2010**

Name: _____ (please print)

Home Phone: _____ Work Phone: _____ Cell: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

I hereby release, indemnify, and hold harmless **NAWIC and NAWIC Cleveland Chapter #156**, and its directors, officers, employees, and agents from any and all liability, claims, demands, and causes of action, of whatever kind or nature (including injury caused by negligence) incurred in conjunction with my participation in the activity described above.

Signature: _____ Date: _____

IF PARTICIPANT IS UNDER 18 YEARS OF AGE, PARENT OR LEGAL GUARDIAN MUST SIGN BELOW.

Adult Signature: _____ Date: _____

Relationship to Minor: _____