

# Steinstossen at the GAF Festival

---

## RELEASE OF LIABILITY

For good and valuable consideration received from the G.A.F. Society d/b/a German-American Festival, I hereby release and discharge the G.A.F. Society d/b/a German-American Festival, its agents, servants successors and assigns from all claims, demands, causes of action, and from all liability which may hereafter arise from or out of any injuries sustained by me, as a viewer or participant, at or near the steinstossen field of the G.A.F. Society at Oak Shade Grove.

Neither I nor anyone claiming through me will hereafter bring, commence, prosecute or maintain or permit to be brought, commenced, prosecuted or maintained, any suit or action, either at law or in equity in any Court of the United States or in any state thereof, or elsewhere against the G.A.F. Society d/b/a German-American Festival, its successors or assigns, for any claim arising out of any activity which is in any way connected with any injuries or loss resulting from my accessing or utilizing the steinstossen field.

## CONSENT FOR USE OF NAME AND PICTURES/IMAGES FOR COMMERCIAL PURPOSES

The undersigned, on his/her behalf and on the behalf of his/her family members, personal representatives, heirs and assigns, hereby grants the G.A.F Society, d/b/a German-American Festival (the "GAF") the right to use the undersigned's name and take and use pictures/images of the undersigned in printed, photographic, video, and/or electronic form for any lawful commercial purpose in the furtherance of the GAF's image and in advertising the GAF's products and services.

By granting this consent, the GAF warrants that all use of the undersigned's name and pictures/images will be the real and actual likeness of the individual in question and will not be used in a derogatory or inflammatory manner. This consent is not limited in time.

I have read and understand this Release of Liability and Consent for Use of Name and Pictures/Images for Commercial Purposes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Date