

Miss Clinton County Scholarship Program

Release and Indemnity Agreement

I, _____, a candidate in the 20____ Miss Local Scholarship Competition Program, do hereby knowingly and voluntarily release the above referenced program, The Miss Iowa Scholarship Management Corporation, and the Miss America Organization, their Officers, Directors, Trustees, Competition Judges, and employees and any other person, firm, individual, or corporation charged or chargeable with responsibility or liability, their heirs, administrators, executors, successors and assigns from and against any and all claims, lawsuits, demands, damages, loss of services, actions and causes of action based upon, arising out of, or in any way related to my participation and/or competition in and any honors, rights, or awards sought by or awarded to me as a candidate in the 20____ Miss Local Scholarship Competition, Miss Iowa Competition, or the Miss America Competition, including the conduct of business thereat, the ownership and possession of any honors, rights, or awards thereby, any negligent act, act of misfeasance or nonfeasance by the referenced programs, or any of their agents, contractors, servants, employees, or licensees in connection with my competition in and any honors or awards bestowed at said competitions.

Further, I do hereby agree to exonerate, hold harmless, and indemnify such organizations listed above from any and all claims that I, or my representative, may have against such organizations, past, present or future, in connection with such competition, honors, rights, and awards. Such indemnification to include any and all fees (including reasonable attorney's fees), costs and other expenses reasonably incurred by or on behalf of the above referenced organizations and investigation of or defense against any such claims, lawsuits, demands, actions, or causes of action.

I have had a full and adequate opportunity to be thoroughly advised of the terms and conditions of this release and indemnity agreement by counsel of my own choosing. I have also been afforded the opportunity to ask any and all questions that I have concerning this document and its execution by me. I do fully understand the terms of this agreement and do intentionally and voluntarily agree to same.

Candidate's Signature

Parent signature if Candidate is under 18 years of age.

STATE OF:)
)
COUNTY OF:) **SS.**
(Must be Notarized Below)

Sworn and subscribed to before me this _____ day of _____, 20__.

Notary Public