CONSENT AND ACKNOWLEDGEMENT OF RISK FORM

Must be submitted to NMA Headquarters Prior to Contest

Submit to NMA Headquarters prior to Contest
NMA
2210 Arbor Boulevard
Dayton, OH 45439

Participant : _____

Activities: NMA Leadership Speech Contest – ALL LEVELS

IN CONSIDERATION of the right to attend and participate in the Activities described above, the Participant (and, if the Participant is a minor, his or her legal guardian) hereby:

1. Agree to abide by all rules and regulations established by NMA and the NMA Leadership Speech Contest;
2. Authorizes NMA or any of its agents to provide, obtain, or authorize any reasonable incidental and/or emergency medical treatment for the Participant, in the event of the Participant's illness, injury, or incapacity, and hereby, accepts the responsibility to pay for such treatment;
3. Grants to NMA for any purpose connected with promoting the purposes and goals of a Leadership Speech Contest, not for commercial exploitation, the right to use the Participant's name, voice, and likeness in any writings, photographs, films, and recordings, of the Participant while he or she is participating in the Activities, and any biographical information submitted by the Participant to NMA, and to use, reproduce, publish, and distribute the same;

Acknowledgment that there is an element of risk involving travel outside of one's own home or community; certifies that the participant is physically, mentally, and emotionally capable of attending and participating in the activities; assumes all risk of financial responsibility for any loss or injury to the Participant or others that may occur as a result of Participants negligence or misconduct; releases the NMA, its officers, Trustees, employees and/or agents from any loss of injury to the Participant that may occur as a result of negligence or misconduct of any persons or entities other than NMA, its officers, Trustees, employees and/or agents; from and against any and all costs, claims, demands, charges, liabilities, obligations, judgment, execution, costs of suit and actual attorney's fees incurred or suffered by NMA, its officers, Trustees, employees and/or agents as a result of, or arising out of, the Participant's negligence or misconduct.

This Consent and Acknowledgment of Risk form shall not be amended, supplemented, or abrogated without the written consent of the NMA Headquarters Office in Dayton, Ohio.

The Participant (and, if the Participant is a minor, his or her parent or legal guardian) has read this Consent and Acknowledgment of Risk, and understands its content.

_____	_____
Signature of Participant	**Date**
_____	_____
Telephone Number	**Email**

IF PARTICIPANT IS A MINOR, THE SIGNATURE OF HIS/HER PARENT OR LEGAL GUARDIAN IS REQUIRED.

_____	_____
Name of Parent or Legal Guardian	**Signature**