Release and Hold Harmless Agreement
for Adults (18-years+)

I, the undersigned participant, request voluntary participation for myself to participate in the **Northland Pizza and Wing Showdown Wing Eating Challenge from Buffalo Wild Wings** activity on **2/28/13**(date) which begins at **6pm** (time) and ends at **8pm** (time) sponsored by *Townsquare Media,* all of which are hereinafter referred to as the "activity".

I consent to participation in the activity and acknowledge that I fully understand my participation may involve risk of serious injury or death, including losses which may result not only from my own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the activity coordinators and event staff, before I sign this document and before the activity begins.

I certify that I am in good health and have no physical condition that would prevent participation in this activity. Furthermore, I agree to use my personal medical insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required.

I agree that photographs, pictures, slides, movies, video, or other media coverage of me may be taken in connection with my participation in the activity without compensation from Townsquare Media, LLC and the officers, directors, employees and agents of either of them and consent to the use of photographs, pictures, slides, movies, videos, or other media coverage for any legal purpose.

Knowing and understanding the risks involved with participation in the activity, I hereby voluntarily and willingly assume responsibility for all risks and dangers associated with my participation in the activity. I agree I am financially responsible for any losses resulting from my actions and will indemnify, Townsquare Media, LLC and the officers, directors, employees and agents of either of them, for any loss or damage caused by myself during this activity.

In consideration of my participation in the activity, I hereby waive all claims or causes of action against, Townsquare Media, LLC and the officers, directors, employees and agents of either of them, arising out of my participation in the activity and hereby release, hold harmless, and discharge, Townsquare Media, LLC and the officers, directors, employees and agents of either of them from all liability in connection therewith.

I have read this release and hold harmless agreement and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against Townsquare Media, LLC and the officers, directors, employees and agents of either of them is knowingly given up in return for allowing my participation in the activity. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns.

Please utilize the space below to provide any medical/prescription information that you request be released to emergency medical providers.

_____ _____
Emergency contact name (print) **(Area code) Phone number**

_____
Relationship to the participant

List medical/prescription information below:
_____
_____
_____

_____ _____
Participant's signature **date**

_____ _____
Participant's Name (print) **(Area code) Phone number**

_____
Address **City/State** **Zip**

WITNESS (must be at least 18 years old)

_____ _____
Signature **date**

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6/01/2010