

WESTAR ENERGY, INC.
BUCKET TRUCK RIDE ACTIVITY FOR MINOR AND/OR ADULT
RELEASE FORM

EXPECTED DATE(S) OF ACTIVITY ("Activity"): PITTSBURG COMMUNITY BACK TO SCHOOL
HAIRCUTS EVENT: August 10, 2015, 3pm to 9pm

At the end of this period, a new release form must be obtained before engaging in any additional/other activity.

PARTICIPANT'S FULL NAME: _____

AUTHORIZED WESTAR ENERGY PERSONNEL GRANTING ACTIVITY PERMISSION:

(Name) R.J. Jubber (Title) Mgr, Operations, East Region South (Location) Pittsburg, KS

And
(Name) R.J. Jubber (Title) Mgr, Operations, East Region South (Location) Pittsburg, KS

LOCATION(S) FOR ACTIVITY: VICTORY LIFE CHURCH, PITTSBURG, KS

General Release of Liability

In consideration of permission given to me by Westar Energy, Inc. ("Westar") for me and/or my minor child to enter into its premises and in further consideration of permission given by the management of Westar to ride in, on, or upon the line trucks and buckets owned and operated by Westar, the undersigned hereby releases Westar Energy, Inc., and any and all of its directors, officers, employees, employees, agents and other representatives from any and all liability, claims, demands, actions, and causes of actions, whatsoever, arising out of or related to any loss, property damage, physical injury, contagious disease, or death that may be sustained by me and/or my minor child while, in, on, or upon any vehicles or apparatus owned, occupied, or used by the foregoing, or which may be sustained by me and/or my minor child while at the scene of any real or apparent emergency situation requiring a response of Westar (defined as one requiring the response of the on-duty crew of Westar according to its dispatching procedures).

Knowledge of Potential Hazards and Assumption of Risks

For purposes of this Activity, it is my understanding that:

- Minors and adults will be allowed into truck's hydraulic bucket for rides, only with supervision, and persons will only be allowed in the bucket from the ground and will not be allowed to climb on the truck to enter the bucket
- Minors and adults will have a stool or scaffolding to climb in and out of the bucket
- Minors and adults must be safety harnessed and must meet weight restrictions before being permitted into the bucket.
- Minors and adults will be allowed into the cab of line truck(s), only with supervision
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I hereby certify that I am duly aware of the hazards and risks of property damage, serious physical injury or death, inherent to participating in the Activity with an electric utility crew or other electric utility employees, and that such risks and hazards may exist even in non-emergency situations, which risks include but are not limited to:

1. Being in proximity with and possible exposure to live electric wires and/or other electric equipment that may have extremely high voltage, and
2. Dangerous situations which may unexpectedly arise, even when the crew leader/foreman/supervisor has determined that the "scene is safe" according to the protocols of Westar.
3. Additional risk of accidents while in or around Westar vehicles.
4. Additional risk of accidental injury;

5. Risk of accident as a result of my and/or my minor child's own negligence.

I then, duly acknowledging these risks and hazards, voluntarily elect to participate and/or allow my minor child to participate in this Activity, and I assume any and all risks of loss, damage, injury and death that may be sustained by me and/or my minor child or to any of my property or my minor child's property while participating.

This release shall be binding upon my relatives, spouse, heirs, distributees, next of kin, executors, administrators, and any other interested parties.

In signing this release, I hereby acknowledge and represent:

1. If executing for a minor, that I am the parent or legal guardian of the above-named minor child;
(NOTE: *If a legal guardian, a copy of court appointment Order must be provided to Westar and attached to this release*)
2. That I and my minor child have been instructed about or otherwise provided the safety rules and regulations relevant to this Activity.
3. That I have read this release, understand it, and sign it voluntarily;
4. That I am over eighteen (18) years of age and that I am of sound mind and of sound physical health;
5. That any injuries or other damage suffered by me and/or my minor child will not be compensable by Worker's Compensation or any other insurance program maintained by Westar Energy, Inc.

I also understand and agree the following guidelines are to be adhered to by me and/or my minor child during this Activity:

1. Abide by any and all applicable rules and regulations of Westar.
2. Do not ride or attempt to ride or use or attempt to use, any Westar vehicle or apparatus unless and until such time as a duly authorized Westar personnel has reviewed with me the procedures for riding or using same.

I also agree that me and/or my minor child has no physical or mental handicaps that may affect me/him/her during my/his/her participation in this Activity or which may be aggravated by my/his/her participation in this Activity, except for the following (if none, write "None"): _____ Upon request, a medical waiver statement from a physician must be submitted to substantiate fitness to perform in event of on-the-scene emergency operations. Despite Westar's knowledge of this disability or handicap, I agree that their continuing grant of permission for me and/or my minor child to participate in this Activity shall not subject Westar to any liability.

I also authorize and instruct Westar or their authorized representatives to notify the following person in case of any accident or injury in which me and/or my minor child is involved while participating in this Activity.

Print Name	Relationship		
Address	City	State	Zip Code
Telephone/Cell Phone Number			

I have read and understand everything written above and I voluntarily sign this Waiver and Release. THIS FORM IS INVALID WITHOUT SIGNATURES. FOR PARTICIPANTS UNDER EIGHTEEN (18) YEARS OF AGE, THE NOTARIZED SIGNATURE OF A PARENT OR LEGAL GUARDIAN OF THE INDIVIDUAL IS REQUIRED.

Signature of Participant

Signature of Parent or Legal Guardian

Print Name

Print Name

Date

IF WESTAR ENERGY EMPLOYEE:
Employee ID # _____

Date

NOTARIZATION:

State of Kansas) ss:
County of _____)

Signed and sworn to before me on the date above written.

Notary Public

My appointment expires: _____
