



## Participant Release Form

### WAIVER/RELEASE

I am over the age of 18 as I hereby certify the following: (1) I am physically fit and have received medical clearance to participate in this Arthritis Foundation Program. I understand and agree that there are risks, both foreseeable and unpredictable, associated with any active event. I am aware of these risks and agree that my participation is at my own risk. (2) I hereby agree that neither the Arthritis Foundation, nor any co-sponsoring agency or facility, nor their respective chapters, officers, directors, employees, agents, members or volunteers, shall assume or have any responsibility or liability for the expenses or medical treatment or for compensation for any injury I may suffer during or resulting from my participation in the Arthritis Foundation program, regardless of where any injury occurs or whether any such injury occurred in a formal or informal program. (3) I do, on behalf of myself, my heirs and assigns, and my estate, hereby waive and forever discharge the the Arthritis Foundation (and any related entities), any co-sponsoring agency or facility (as well as their sponsors, organizers, affiliates, as well as their agents, employees and volunteers) from any and all rights and claims for damages that I may have or that may hereafter accrue to me arising out of or in any way connected with my participation in this or any future Arthritis Foundation program. (4) I acknowledge that any registration fees or donations are non-refundable and non-transferable. (5) I acknowledge that the risk assumed could include serious injury and/or death. (6) I acknowledge that the responsibility is on me, the participant, to report any personal physical conditions that could impact my participation and to report any unsafe conditions that I may encounter to a responsible party. I understand that this waiver has important legal consequences and limits my ability to recover money if I am injured as a result of my participation in this program. I have been given the opportunity to discuss its terms and consequences with an attorney of my choosing if I wish to do so.

I understand and agree that the goal of the Arthritis Foundation and the co-sponsoring facility is to provide a safe program environment free from disruption or harassment. To this end, the Arthritis Foundation and the co-sponsoring agency reserve the right to deny admission to those individuals whose behavior is disruptive, or who harass other program members or staff.

I understand and agree that a copy of this form will be provided to the Arthritis Foundation as well as any co-sponsoring agency or facility. The Arthritis Foundation (and any related entities) and any co-sponsoring agency or facility may rely upon this Participant Release Form.

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Print Name

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Signature

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Date