

Arthritis Foundation Program Waiver

Please read the following release clauses and sign below:

1. In consideration of this application to participate in the Arthritis Foundation's Program being accepted, I hereby waive and forever discharge the sponsors, organizers, affiliates as well as their agents and employees from any and all claims that may occur as a result of my/my family's participation. I understand that untrue, misleading, or omitted information herein or in other documents completed by the applicant may result in dismissal, regardless of the time of discovery.

2. I hereby acknowledge, understand, and accept that there may be hazards associated with specific activities and activity sites which include but are not limited to accidents while traveling around the grounds or to/from an activity site, property damage, theft of loss, exposure to extreme temperatures, dangers and hazards, bodily injury or illness, including the potential for fatal injury to the attendees and other participants. With this knowledge and understanding, I voluntarily desire to have the individuals listed in this application participate in such activities being fully aware of the danger and voluntarily assume all risks of loss, damage, or injury arising from their participation.

3. I hereby grant the Arthritis Foundation and its representatives, employees and agents specific, irrevocable and unrestricted permission to reproduce, publish, circulate, copyright or otherwise use any and all words, stories, photographs, audio and/or video of me and/or my family, including my or our image and likeness as depicted therein, taken at this program for any purpose, including but not limited to broadcast, editorial, internet publication, social networking posting or any other purpose and in any manner and medium, including the right to alter the same without restriction or to copyright the same. I hereby release the Arthritis Foundation and its representatives from any and all claims, actions and liability relating to its use of said material.

4. I understand that the Arthritis Foundation and the facility retain the right to enforce the rules of the Program and the facility and if necessary send home anyone infringing on the rights or safety of others.

5. I understand that I will primarily be held responsible for providing my own insurance/medical coverage, if need be, for myself and all members of my family.

6. In the event I cannot be reached in an emergency, I hereby give my permission to the on-site medical staff (if available) to provide first aid and seek additional treatment as are deemed medically necessary or advisable.

7. In executing this document, I acknowledge warrant and agree (i) that this document is a binding contract and agreement; (ii) that I have not been coerced in any way to enter into and be bound by the provisions of this document and that I do so freely and willfully, having all requisite and necessary legal capacity; and (iii) that I am the parent or other legally authorized guardian of the minor members of my family who will be participating. I take full responsibility for informing myself regarding any and all aspects of participation in the Program.

Participant(s) Name(s) (Print)

Date

Parent/Guardian (Print)

Date

Parent/Guardian Signature

Address

City

State

Zip

Phone

Email