



## EVENT WAIVER/EMERGENCY INFORMATION

I acknowledge and assume all risks associated with this event including, without limitation, falls, animal bites, food poisoning, effects of weather, including heat and humidity, traffic, road and ground conditions. **I have read and fully understand this waiver and in consideration of the acceptance of my entry, for myself and anyone legally acting on my behalf, I waive and release the American Diabetes Association, Inc., its employees, directors, officers, volunteers, agents, successors and assigns, from any and all claims, liabilities or causes of action, including without limitation, death, bodily injury, property damage, or any other loss, damage or any inconvenience whatsoever, arising from my participation in this event.** Further, I grant full permission to ADA to use photographs, videos and other types of recordings of me in advertising, trade or any commercial purpose in legitimate accounts and promotions of this event. I waive the right to inspect versions of my image used for publication or the written copy used in connection with the images.

Emergency Contact Name/Telephone Number: \_\_\_\_\_

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Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian's signature required if Participant is under 18 years of age:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This form must be completed and signed to register for this event.**