EVENT CODE: 42941 -8030 - 1701

EMERGENCY CONTACT/MEDICAL INFORMATION FORM

First Name:	**Last Name:**
Address:	
Phone:	**Email:**
Emergency Contact Name:	**Telephone Number(s):**
Health Insurance Provider, Insured Name, Group ID #, Telephone Number:	

RELEASE, HOLD HARMLESS AND WAIVER OF LIABILITY

WAIVER, RELEASE AND HOLD HARMLESS / INDEMNITY: I HAVE READ AND FULLY UNDERSTAND THIS WAIVER FOR MYSELF AND ANYONE LEGALLY ACTING ON MY BEHALF, AND IN CONSIDERATION FOR MY PARTICIPATION IN THE AMERICAN DIABETES ASSOCIATION'S ("ADA") EVENT, I HEREBY WAIVE AND RELEASE THE AMERICAN DIABETES ASSOCIATION, INC. , ITS EMPLOYEES, DIRECTORS, OFFICERS, VOLUNTEERS, AGENTS, SUCCESSORS AND ASSIGNS, AND ALL SPONSORS ("RELEASEES"), FROM ANY AND ALL CLAIMS, LIABILITIES OR CAUSES OF ACTION, WHETHER CAUSED BY RELEASEES' NEGLIGENCE OR OTHERWISE, INCLUDING WITHOUT LIMITATION DEATH, BODILY INJURY, PROPERTY DAMAGE, OR ANY OTHER LOSS, DAMAGE OR ANY INCONVENIENCE WHATSOEVER, ARISING FROM MY PARTICIPATION IN THIS EVENT ("CLAIMS"). ADDITIONALLY, I AGREE TO DEFEND, INDEMNIFY AND HOLD RELEASEES HARMLESS FROM AND AGAINST ANY AND ALL CLAIMS ARISING, EITHER DIRECTLY OR INDIRECTLY, FROM MY PARTICIPANTION IN THIS EVENT OR MY ACTS OR OMISSIONS OUTSIDE OF THE SCOPE OF MY RESPONSIBILITY OR AUTHORITY AS AN EVENT VOLUNTEER (IF APPLICABLE).

Medical Treatment: I hereby authorize the ADA to seek emergency medical treatment for the below mentioned individual who will be participating or volunteering for the American Diabetes Association. I hereby release and forever discharge the ADA from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with my activities with the ADA.

Assumption of Risk: I acknowledge and assume all risks associated with this event as a participant or volunteer including but not limited to, falls, animal bites, food poisoning, accidental needle sticks, effects of weather, including heat and humidity, traffic, road and ground conditions and transportation to and from work sites. I hereby expressly and specifically assume the risk of injury or harm in the activities, and release the ADA from all liability for injury, illness, death or property damage resulting from the activities.

Media Release: I grant full permission to ADA and national sponsors 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 and for ADA to share my contact information with cycling-related sponsors. I waive the right to inspect versions of my image used for publication or the written copy used in connection with the images.

Other: I expressly agree that this Release is intended to be broad and inclusive and if any clause or provision of this Release shall be held invalid by any court, the invalidity of the clause or provision shall not otherwise affect the remaining provisions of this Release.

For Cyclists: I understand that for the Tour de Cure to be permitted by the local Departments of Transportation and applicable county and state jurisdictions, I must obey all applicable local and state traffic laws, rules, ordinances. Specifically, I must wear a helmet, follow the official route, **ride in single file and stop at all stop signs**, and otherwise comply with directions given by police officers, organizers and volunteers of the American Diabetes Association. (State bike law information available at www.diabetes.org/tour.) I understand that failure to do so means that I may not be allowed to continue the ride and I will be banned from future Tour de Cure events.

Signature:	**Date:**

If participant or volunteer is under 18 years of age, parent or guardian signature is required:

Parent or Guardian Name (Please Print):	**Date:**
Parent or Guardian Signature:	**Date:**

BIB NO / ROUTE or VOLUNTEER ACTIVITY

T-SHIRT SIZE

LAST NAME

FIRST NAME