

VOLUNTEER EMERGENCY INFORMATION / WAIVER FORM

Thank you for working today. We appreciate your help in making the Tour de Cure a great experience for our participants and your commitment to the mission of the American Diabetes Association.

Please bring this completed form with you to the Tour de Cure.

EVENT CODE: _____

This information is maintained on file during the event in case an incident occurs requiring a participant to receive emergency medical treatment.

FIRST NAME _____ LAST NAME _____

EMERGENCY CONTACT _____ MOBILE PHONE NUMBER _____

HEALTH INSURANCE PROVIDER, GROUP NAME _____ MOBILE PHONE NUMBER _____

ACKNOWLEDGEMENT

I acknowledge and assume all risks associated with this event including, without limitation, falls, animal bites, food poisoning, accidental needle sticks, effects of weather, including heat and humidity, traffic, road and ground conditions.

I have read and fully understand this waiver and in consideration of my participation as an event volunteer, for myself and anyone legally acting on my behalf, I waive, release and indemnify (or hold harmless) the American Diabetes Association, Inc., its employees, directors, officers, volunteers, agents, successors and assigns, and all sponsors 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 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.

SIGNATURE _____ DATE _____

Parent or Guardian signature require if participant is under 18 years of age:

PARENT OR GUARDIAN NAME (PLEASE PRINT) _____ DATE _____

PARENT OR GUARDIAN SIGNATURE _____ DATE _____