

Waiver Form

Event Name: _____ Date: ____/____/____ Coordinator Name: _____



PERMISSION/CONSENT TO PARTICIPATION, WAIVER, RELEASE AND INDEMNITY AGREEMENT (READ BEFORE SIGNING):

In signing this Waiver, Release and Indemnity Agreement, I, for myself or as the parent/legal guardian of a minor child under eighteen (18) years ("Participant"), consent to participation in the Special Events for St. Jude activity ("Event"), including participation through internet based, online activities to benefit St. Jude Children's Research Hospital, Inc. ("St. Jude"). I acknowledge that I am physically fit and able to safely participate in the event without risk to myself or others. I understand that there may be risks associated with participating in a physical activity and assume all risk of

injury that may occur as a result of participating in the Event. I, for myself, my heirs, executors and administrators, hereby agree to indemnify and hold harmless St. Jude Children's Research Hospital, American Lebanese Syrian Associated Charities ("ALSAC"), all public or private agencies whose property and/or personnel are used, all other sponsoring or co-sponsoring companies or individuals and all individual organizers or volunteers related to or involved in the Event (collectively "Releasees") from all liability to myself and my personal representatives, assigns, heirs and executors, for all loss(es)

or damages(s) and any and all claims or demands therefore, on account of injury to myself or property. I assume the risks of loss(es), damages(s), or injury(ies) that may be sustained by myself while participating in the aforementioned activity. I consent to ALSAC/St. Jude taking photos and/or videos of myself during the activity listed above. I understand that I am consenting to use of said photos and videos in printed materials, social media, videos, and presentations without any compensation.

Participant Name (Print)	Signature (Parent/Guardian if Under 18)	Phone Number (+ Area Code)	Email
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