

PADRE Foundation-Liability Release

By signing below you are indicating your acceptance, you understand, agree, warrant and covenant as follows:

In consideration for my child and/or my own participation in this program offered by Pediatrics-Adolescent Diabetes Research And Education (herein referred to as PADRE), I/we the undersigned, hereby agree to indemnify and hold harmless PADRE, its officers, agents, representatives, volunteers, and/or employees, from any loss and/or liability including expenses and costs, that may result from any death or injuries or damage to property that my child and/or myself may sustain while participating in any activity connected with PADRE, whether such death, injury or damage to property is caused by the passive or active negligent act or omission of PADRE, its officers, agents, representatives, volunteers, and/or employees or any other cause except intentional torts, fraud, or violation of law. I agree that I will make no claim against PADRE, its officers, agents, representatives, volunteers, or employees for any injury or liability for which I have hereby indemnified PADRE. If any portion of this agreement is held to be invalid by a court of law, it is agreed that the remainder shall continue to be in full legal force and effect. Authorization is provided for the individual(s) listed as “emergency contact” to pick-up my child and authorize medical care, if necessary. Permission is given to PADRE to use my child and/or myself in any pictures, films, quotes, or videos of the program, which will promote or benefit the work of the organizations on behalf of those with diabetes. I further agree to assume responsibility for reasonable safety inspection of any grounds, structure of facilities at any location where I participate in the above program. I hereby represent that my child and/or I am physically able to participate in the above program. There are no refunds for failure to show, early departure, or dismissal from program.

Participants First and Last Name: (Print) _____

Legal Guardian Name: (Print) _____

Signature of Legal Guardian: _____

Emergency Contact Number: (____) _____