



NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ AGE: _____

RELEASE, WAIVER, AND INDEMNIFICATION AGREEMENT

Every physical activity carries some measure of risk, ranging from minor strains and bruises to serious injury, including death. I recognize those risks, and understand neither I nor my children will be allowed to participate in the Michiana Walk for Down Syndrome ("the Walk") unless we give up the right to hold Bethel College and the Down Syndrome Family Support and Advocacy Group, Inc., d/b/a Michiana Down Syndrome ("MDS") responsible for any injuries, losses, or damages we might suffer.

So, on behalf of myself, my children, our heirs, and anyone else who might claim to represent us or act in our place or on our behalf, I agree to all of the following:

- I release the Bethel College, MDS, and all of their employees, volunteers, agents and representatives (collectively, "the released parties") from any liability for any injuries, losses, or damages to person or property.
- This release will bar any claims against the released parties, no matter how those claims might arise. Even if the released parties' negligence leads to injury or loss, this agreement will protect the released parties from liability or suit.
- To fully shield the released parties, I will defend them, indemnify them, and hold them harmless from any liability or losses they might incur, including attorney's fees, as a result of any claims, demands, or lawsuits that might arise out of our participation in the Walk.
- Since publicity is an important part of the Walk, I will allow the released parties to use my or my child's name and likeness as they see fit in any advertising, photographs, video, or recordings, and I waive the right to inspect or approve any media the released parties might create or use.

I have read this entire document. I understand what it means, I understand it is a binding agreement, and I sign it voluntarily to participate in the Walk.

Participant's Signature:

_____ Date: _____

Participant's Printed Name:

Guardian's Signature:

_____ Date: _____



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