



MUSCULAR DYSTROPHY ASSOCIATION, INC.  
WAIVER, RELEASE & CONSENT

NAME OF EVENT: Livermore Woman's Club 5K Run/Walk to Benefit MDA  
LOCATION: The Pavilion on Main Street & Dr. Sam Scott Drive on the Riverfront  
DATE(S): 04/22/2017

In consideration of MUSCULAR DYSTROPHY ASSOCIATION, INC. ("MDA<sup>®</sup>") permitting (me)(my child \_\_\_\_\_, who is under 18) to participate in the above-named event, I hereby, and for (my)(my child's) heirs, executors, administrators, assigns, and all legal guardians, **WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS OF ANY NATURE, FOUNDED IN WHOLE OR IN PART UPON ANY TYPE OF NEGLIGENCE**, that (I)(my child) may have against MDA, its directors, officers, employees, agents, chapters, assignees, licensees, volunteers and cooperating entities, their representatives, heirs, executors, administrators, successors, and assigns (the "Released Parties") arising out of or resulting from any and all injuries or damages of any nature, including death, which (I)(my child) may suffer while taking part in the event or any activities connected with the event. **I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE** any or all of the Released Parties in connection with the event.

Consent also is hereby given to use (my)(my child's) name, picture, portrait, likeness, writings or biographical information (including, if applicable, neuromuscular disease diagnosis), and audiotape and/or videotape recordings and sound or silent motion pictures of (me)(my child) in any media for editorial, educational, promotional, and advertising purposes, for the solicitation of contributions, and for any other purpose in furtherance of the corporate purposes and objectives of MDA.

By signing this document, I certify that I have read this document and fully understand it, and that I am not relying on any statements or representations of any Released Party. This document shall be binding upon me, (my)(my child's) heirs, executors, administrators, assigns, and all legal guardians (of my child).

\_\_\_\_\_  
Print Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Address, City, State & Zip Code

\_\_\_\_\_  
E-mail

\*\*\*\*\*Please sign below if participant is under the age of 18.\*\*\*\*\*

I affirm that I am the parent/legal guardian of \_\_\_\_\_ and that I have full authority to authorize his/her participation in the above-referenced MDA event.

\_\_\_\_\_  
(Signature of Parent or Legal Guardian if Participant is Under 18)

\_\_\_\_\_  
Date