



LIABILITY WAIVER

I fully understand that this activity involves risk of serious bodily injury, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or other risks not known to me or not readily foreseeable at this time; and I fully assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the EVENT.

I hereby release, discharge, and covenant not to sue Kids With Autism Can or partner of event, its respective administrators, directors, agents, officers, volunteers, and employees, other participants , any sponsor and advertisers from all liability, claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by the negligence, including rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the related, I will indemnify, save, and hold harmless all from loss, liability, damage, or cost which may occur as a result of such claim.

PHOTO RELEASE FORM

I/We hereby grant Kids with Autism Can permission to use my/our likeness in photograph(s)/video in any or all of its publications and in all other media, whether now known or hereafter existing and for any other use by the organization. I/We will make no monetary or other claim for the use of photograph(s)/videos.

SIGNATURES:

DATE:

FULL NAME (print): _____

FULL NAMES OF ALL FAMILY MEMBERS INCLUDED: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE: _____

Email Address: _____