

2012 Suds for Science Bar Crawl

Benefiting the ALS Hope Foundation

Friday, May 4, 2012

5:00pm – 2:00am

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

**WARNING: BY SIGNING THIS FORM, YOU GIVE UP IMPORTANT LEGAL RIGHTS,
INCLUDING THE RIGHT TO SUE**

PLEASE READ CAREFULLY BEFORE YOU SIGN!

ALL PARTICIPANTS MUST BE 21 OR OLDER

NAME OF PARTICIPANT: _____

ADDRESS OF PARTICIPANT: _____

PHONE NO: _____ **BIRTH DATE:** _____ **AGE:** _____

EMERGENCY CONTACT: _____

RELATIONSHIP TO PARTICIPANT: _____

TELEPHONE NO: _____

Intending to be legally bound, I hereby certify that:

1. I am 21 years of age or older.
2. I am submitting this release, waiver of liability, and assumption of risk declaration voluntarily and of my own free will.
3. I have no physical or emotional problems, nor any history thereof, which will impair my ability to participate in this event in a safe manner.

DISCLAIMER CLAUSE

The organizers, establishments, sponsors, and volunteers of this event are not responsible for any injury, loss or damage of any kind sustained by any person while participating in the Crawl for a Cure, including injury, loss or damage which might be caused by the action, inaction, or negligence of others. I hereby for myself, my heirs, executors, administrators or anyone else who might claim in my behalf, covenant not to sue, and waive, release and discharge the event organizers, ALS Hope Foundation, the establishments, sponsors, and volunteers of any and all claims of liability for death, personal injury or property damage of any kind or nature whatsoever arising out of, or in the course of my participation in this event. This Release and Waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown.

ASSUMPTION OF RISKS

In consideration of my participation in Crawl for a Cure, I acknowledge that I am aware of the possible risks, dangers and hazards associated with my participation in the Crawl for a Cure (including the risk of severe or fatal injury to myself or others). These risks include but are not limited to the following:

- a) the risks associated with travel to and from location(s) to be visited during the Crawl for a Cure, including transportation provided by commercial, private and/or public motor vehicles;
- b) intoxication and/or alcohol poisoning from the alcohol I consume whether voluntarily or through coercion;
- c) the possibility of bodily injury of any kind, including dental damages, from (1) falling down, (2) entering or exiting the mode of transportation being used for the event, (3) being knocked down or being involved in a physical confrontation whether caused by myself or someone else;
- d) the risks associated with returning to my residence after participating in the event, whether travelling by foot or in any kind of commercial, private and/or public motor vehicle.

INDEMNIFICATION AND RELEASE OF LIABILITY

In return for my voluntary participation in Crawl for a Cure and related activities, I agree:

1. TO ASSUME AND ACCEPT ALL RISKS arising out of, associated with or related to my participating in Crawl for a Cure, even though such risks may have been caused by the action(s), inaction, or negligence of others;
2. TO BE SOLELY RESPONSIBLE FOR ANY INJURY, SOCIAL AND ECONOMIC LOSS, COST OR DAMAGE which I might sustain while participating in the Crawl for a Cure even though such injury, loss or damage may have been caused by the action(s), inaction, or negligence of others;
3. TO HOLD HARMLESS AND INDEMNIFY THE EVENT ORGANIZERS, ALS HOPE FOUNDATION, the administrators, directors, agents, officers, volunteers and employees:
 - a) from any and all liability for any damage to the personal property of, or personal injury to, any third party resulting from my participation in Crawl for a Cure and all related activities; and
 - b) from any and all claims, demands, actions, losses and costs which might arise out of my participating in Crawl for a Cure, even though such claims, demands, actions, losses and costs may have been caused by the action(s), inaction, or negligence of others.

By signing below, I consent to having the information in this document collected by event organizers. Certain personal information may be made available to federal and provincial government departments and agencies under appropriate legislative authority. Personal information is protected and will be treated as confidential.

ACKNOWLEDGEMENT

I acknowledge that I have read this agreement, that I have executed this agreement voluntarily and without any inducement or assurance of any nature, that I intend it be a complete and unconditional release of all liability to the greatest extent allowed by law, that I understand that I have given up substantial rights by signing it, and that this agreement is to be binding upon myself, my heirs, executors, administrators and representatives, in the event of my death or incapacity.

Signed this _____ day of _____, 20 _____, at Philadelphia, PA.

Signature of Participant (must be 21 or over)

Signature of Witness

Printed Name of Participant

Printed Name of Witness

Note: Document must be copied to a single page back to back when used