



# AIDS WALK RICHMOND 2009

## PARTICIPANT AGREEMENT, WAIVER, AND RELEASE

*This form must be signed by the parent or legal guardian  
of a participant under the age of 18 in order for the minor  
to be eligible to participate in the AIDS Walk.*

I, \_\_\_\_\_ (Name of Parent or Legal Guardian), am the Parent or  
Legal Guardian of \_\_\_\_\_ (Child's name).

I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in this event. I am a voluntary participant in this event, and in good physical condition. I hereby assume full and complete responsibility for any injury or accident which may occur during my participation in this event or while on the premises of this event, and I hereby release and hold harmless and covenant not to file suit against Fan Free Clinic and any affiliated individuals, AIDS Walk Richmond and any affiliated individuals, and any walk sponsors and their agents and employees, and all other persons or entities associated with this event (the "Releasees") from any loss, liability or claims I may have arising out of my participation in this event, including personal injury or damage suffered by me or others, whether same be caused by falls, contact with participants, conditions of the course, negligence of the Releasees, or otherwise. If I do not follow all the rules of this event, I understand that I may be removed from the Walk.

I give my full permission to Fan Free Clinic and AIDS Walk Richmond and their corporate partners to use any photographs, videotapes, or other recordings of me that are made during the course of this event.

### **PARENTAL CONSENT:**

This consent serves as permission for \_\_\_\_\_ (Child's name) to participate in the AIDS Walk Richmond, and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in the AIDS Walk. I hereby agree to indemnify and hold the Releasees free and harmless from any loss, liability, damage cost or expense which they may incur as the result of the death or any injury or property damage that said minor may sustain while participating in the AIDS WALK.

**I have carefully read this Agreement, Waiver, and Release and fully understand its contents I am aware of its contents and I sign it of my own free will.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Date