



RELEASE AND WAIVER OF LIABILITY

For consideration of participation as an Athletes vs Epilepsy Youth Ambassador, I waive and release the Epilepsy Foundation, its affiliates, chapters, directors, officers, administrators, representatives, past and present employees, volunteers, agents, supervisors, participants, all city and state governments, assigns, all sponsors, their representatives and successors and other persons (collectively, the "Releasees"), from any and all claims, liabilities, or causes of action arising out of an injury to me (or my child) and from any and all claims, liabilities, or causes of action arising from my (or my child's) participation or attendance in this event.

Inherent and Potential Risks

I understand participating as an Athletes vs Epilepsy Youth Ambassador may involve physical activity. I understand that physical activity, by its very nature, carries with it certain inherent risks. I assume all risks associated with participating and relating to the risk of strenuous physical activity, collisions with other participants, or falling. I acknowledge that I (or my child) may incur minor injuries, major injuries, and catastrophic injuries including paralysis and death. I assume all risks from contact with other participants and volunteers, negligent or wanton acts of other participants and volunteers, failure of other participants, vehicles, and non-participants to observe laws, and the effects of weather including high heat, thunderstorms, lightning, precipitation, cold temperatures, high winds, and/or humidity. I also assume all risks from any and all activities in which I participate at the event site prior to the start of the event and after the conclusion of the event.

I agree that the Releasees are not responsible for any personal items or property lost or stolen before, during, or after any events held as a part of any Epilepsy Foundation event.

Medical Evaluation

I attest that I (or my child) am medically and physically able to participate as an Athletes vs Epilepsy Youth Ambassador. If I experience any doubt as to my (or my child's) ability to successfully and safely participate in and/or complete an Athletes vs Epilepsy event, I take full responsibility for consulting a physician. I attest that, if I (or my child) am pregnant, disabled in any way, or have recently suffered an illness, injury, or impairment, I (or my child) should have or did consult a physician prior to participating.

I consent to emergency medical care and transportation in the event of injury to me (or my child) as medical professionals may deem appropriate. This Release extends to any liability arising out of or in any way connected with the medical treatment and transportation provided in the event of an emergency, including, but not limited to, negligence emergency rescue operations.

Voluntary Participation

I am fully aware of the risks connected with participation as an Athletes vs Epilepsy Youth Ambassador and its respective events, whether specifically listed in this Release or not, and I voluntarily elect to participate knowing that this participation involves these risks.

Assumption of Risk, Waiver of Liability, Release, and Covenant Not To Sue

In consideration for being permitted to participate as an Athletes vs Epilepsy Youth Ambassador, I voluntarily agree for myself, my family, heirs, assigns, executors, and administrators to the following:

1. **TO ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, OR PERSONAL INJURY, INCLUDING DEATH** that may be sustained by me (or my child), or any loss or damage to property owned by me (or my child), as a result of participating as an Athletes vs Epilepsy Youth Ambassador.
2. **TO RELEASE, WAIVE, HOLD HARMLESS, DISCHARGE, AND COVENANT NOT TO SUE** the Releasees from any and all liability, claims, actions, demands, expenses, attorney fees, breach of contract actions, breach of statutory duty or other duty of care, warranty, strict liability actions, and causes of action whatsoever, that I might have or may acquire in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by me (or my child), or to any property belonging to me (or my child),

while participating as an Athletes vs Epilepsy Youth Ambassador including, but not limited to, any claim that the act or omission complained of was in whole or in part by the negligence or carelessness of the Releasees.

Acknowledgment and Compliance with Rules

I agree to observe and obey all rules and safety procedures that accompany serving as an Athletes vs Epilepsy Youth Ambassador and to abide by any decision of an event official relative to my (or my child's) ability to safely compete in any Epilepsy Foundation events. I agree to exhibit appropriate behavior at all times and to obey all laws. EPILEPSY FOUNDATION and event officials may dismiss me (or my child), without refund, should my (or my child's) behavior endanger the safety of or negatively affect an event, person, facility, or property of any kind.

Severability

I agree that if any portion of this Release is deemed to be invalid, the remainder of the Release will still be binding and enforceable.

Photography Release

I hereby grant full permission to EPILEPSY FOUNDATION to use, reuse, reproduce, publish, or republish any photographs, motion pictures, recordings, or any other record of my participation in this event, in any medium now known or hereafter developed, alone or in conjunction with other material, without restriction as to changes or alterations, as well as to use my name, voice, likeness, and/or other indicia of identity, for editorial, educational, promotional, advertising, and commercial purposes, including without limitation in connection with the solicitation of contributions and the furtherance of the corporate objectives of EPILEPSY FOUNDATION.

Further, I relinquish all rights, title, and interest in any and all photographs, motion pictures, recordings, or other records of any events conducted as a part of my service as an Athletes vs Epilepsy youth Ambassador that I may take or capture to EPILEPSY FOUNDATION.

I acknowledge and represent that I have carefully read and understand all terms of this Release and Waiver of Liability.

ONLY COMPLETE BELOW SECTION IF YOU ARE A PARENT OR GUARDIAN OF A PARTICIPANT UNDER THE AGE OF 18:

I attest that I am in fact the parent or legal guardian of the minor participant participating as an Athletes vs Epilepsy Youth Ambassador. I hereby give my approval to this child's participation as an Athletes vs Epilepsy Youth Ambassador. I assume all risks and hazards incidental to such participation, and I hereby waive, release, absolve, indemnify, and agree to hold harmless Releasees for any claim arising or any injury to my child and from any and all liability, claims, actions, demands, expenses, attorney fees, breach of contract actions, breach of statutory duty or other duty of care, warranty, strict liability actions, and causes of action whatsoever arising out of or connected with my child's participation as an Athletes vs Epilepsy Youth Ambassador. I consent to the foregoing and grant permission for my child to participate as an Athletes vs Epilepsy Youth Ambassador. I attest that if my child, the above-named participant, is under eighteen (18) years of age as of the date of this signature, he or she will be accompanied and/or supervised by an adult eighteen (18) years of age or older throughout his or her participation as an Athletes vs Epilepsy Youth Ambassador.

I acknowledge and represent that I have carefully read and understand all terms of this Release and Waiver of Liability.

Name of child

Name of Parent

Signature

Date

