



Medical Emergency/Liability Release Form

Name of Child: _____

Cell Phone #: _____ Emergency #: _____

Emergency Contact: _____

Relationship to Child: _____

Does Child have any Allergies? (Circle One) Yes No If Yes, to what: _____

Liability Release Form

I, _____, intending to be legally bound, understand and agree that I am voluntarily participating in the following JDRF International event, TypeOneNation Summit, at my own request and at my own risk. I acknowledge that I am aware of all the risks inherent in this event and certify that I am physically fit, have not been otherwise informed by any physician and know of no restriction, disease or condition that would in any way prevent me from actively participating in this event or present a risk to my health.

In consideration of being permitted to participate in the JDRF TypeOneNation Summit and have no disease or injury that would be aggravated by participating in the event, I hereby agree, on behalf of myself, my successors in interest, heirs, assigns, and representatives, to release, indemnify, defend and hold harmless JDRF, its employees, volunteers, officers, directors, agents, vendors, and lessors from and against (1) any and all liability, damages, claims and expenses, including reasonable defense costs and legal fees incurred in connection with any claims or demands for damages of any nature whatsoever, including but not limited to, bodily injury, death, personal injury, or property damage, arising from or caused by my participation in the Event, regardless of the cause of any such injury or damages including damages to my property; and (2) any and all liability, damages, claims and expense, including reasonable defense costs and legal fees incurred by JDRF associated therewith, made by any owner or lessor of real estate or building on or in which the Event is conducted for damages incurred by such owner or lessor as a result of the Event being held on his, her or its property.

The undersigned certifies that he/she is the parent or legal guardian of the participant, and as such on behalf of the participant, myself and the successors, heirs, and assigns of each of us, agrees to the terms of this release form as stated above. In addition, you, the parent or legal guardian, will accompany the above mentioned on the TypeOneNation Summit on Saturday, March 7, 2020.

Signature _____ Date _____

Printed Name: _____

Parent or Guardian (circle one)

Address (if different from participant): _____