



**Barnegat High School
Bengal Block Party
to benefit**



Team Name _____
Student Name _____

**PARTICIPANT EVENT WAIVER & RELEASE FORM
MUST BE READ AND AGREED TO FOR REGISTRATION TO BE PROCESSED**

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, understand that this event involves physical exercise (i.e., walking or rolling), and state that I am in good physical condition for the purposes of participating in this event.*

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 (BOTH BEFORE AND AFTER THE EVENT), AND I HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST DAVID'S DREAM & BELIEVE CANCER FOUNDATION ("DDBCFC"), ITS CHAPTERS, OFFICERS, STAFF, VOLUNTEERS, REPRESENTATIVES AND ANY AFFILIATED INDIVIDUALS, ANY EVENT SPONSORS AND THEIR AGENTS AND EMPLOYEES, AND ALL OTHER PERSONS OR ENTITIES ASSOCIATED WITH THIS EVENT (THE "RELEASEES"), INCLUDING BUT NOT LIMITED TO ALL CITY AND STATE GOVERNMENTS, FROM ANY LOSS (OF PERSONAL PROPERTY, GOODS OR OTHERWISE), LIABILITY OR CLAIMS I MAY HAVE ARISING OUT OF MY (OR MY CHILD'S) PARTICIPATION IN THIS EVENT (BOTH BEFORE AND AFTER THE 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 am injured while participating in the Bengal Block Party 2015, I consent to emergency medical care being provided to me, but recognize that nothing in this authorization creates a duty or obligation by any of the releasees to provide me with emergency medical care. I further understand and agree that any and all costs or fees associated with any emergency medical care or medical services provided to me will be at my sole cost and expense and I may choose to carry personal medical insurance to cover any such costs at my sole discretion.

If I do not follow all the rules of this event, I understand that I may be removed from the event. I give my full permission to DDBCFC and the Barnegat High School to use or authorize others to use any photographs, videotapes, audiotapes or other recordings of me that are made during the course of this event on social media including, but not limited to, DDBCFC's Facebook, Twitter, Instagram, & website, as well as in online and print publications. I further release the Releasees of any and all costs, liabilities or damages that I may have resulting from or relating to such use.

I understand that this Waiver and Release may be stored electronically and agree that a copy is authentic and admissible as evidence in any future dispute or proceeding.

Note: This event will occur rain or shine. We reserve the right to cancel in extreme circumstances, in which event there will be no refunds; rather your entry fee will be used as a donation to David's Dream & Believe Cancer Foundation.

An adult must accompany any participant under the age of 18.

Participant Name	_____	Phone	_____
Participant Signature	_____	Date	_____
Parent Name	_____	Phone	_____
Parent Signature	_____	Date	_____