



CONTRACT FOR VOLUNTARY PARTICIPATION AND ASSUMPTION OF INJURY RISKS

I, _____, am the parent or legal guardian of _____. I understand that associated with my child's participation in the **JDRF Ride to Cure Diabetes** program (the "Program") there is a risk of injuries, serious and minor.

I understand that it is my responsibility to know by child's general state of health and well-being, and I certify that he or she is physically fit to participate in the Program, and I certify that my child has no known medical or other conditions that could interfere with his or her participation on the Program or which might make his or her participation inadvisable. (initials) X_____

In consideration of my child's participation in the Program, I knowingly and intentionally give up any legal right that my child, I or my spouse or former spouse or our respective heirs, or legal representatives (collectively, "We") have or may have against JDRF.

_____ and each of its entities and all of their respective affiliates, and each of their respective trustees, officers, agents, employees, volunteers, contractors, insurers or representatives, Directors (collectively, the "Hosts") from any action, claim, or demand that We have or may have for any and all personal injuries my child may suffer or sustain, regardless of cause or fault, as a result of my child's participation in the Program or in activities related thereto, and hereby agree to fully indemnify and hold the Hosts and each of them completely harmless from any claim or action that may be asserted or commenced as a result of my child's participation in the Program. (initials) X_____

I certify that I am the parent or guardian of the child named above, that I am legally competent and capable of executing this Agreement on my own behalf, that I am authorized to act as agent on behalf of my child, spouse and/or former spouse and that I have read the foregoing and have made a conscious decision to sign it of my own free will.

Guardian Name (Please Print): _____

Guardian Signature: _____ Date: _____