

JDRF YOUTH RIDER WAIVER
RELEASE OF LIABILITY, COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

In consideration of JDRF International ("JDRF") allowing _____ (the "Minor") to participate in the 2019 JDRF Ride to Cure Diabetes Program, I hereby agree and certify as follows:

I am the parent or legal guardian of _____. I understand that associated with the Minor's participation in any of the calendar year 2019 JDRF Ride to Cure Diabetes programs (the "Program") there is a risk of injuries, serious and minor. The term "Program" as used in this Release shall include participation in any and all programs, including by not limited to: training programs, orientations, fundraising activities, travel and all other activities associated with any of the rides.

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

Release. I knowingly and intentionally forever release, waive and discharge any legal right that the Minor, I or my spouse or former spouse, or any other legal guardian of the Minor, or our respective heirs or legal representatives (collectively, "We") have or may have against JDRF, its vendors, representatives, sponsors, organizers, trainers, coaches, insurers, and each of their respective employees, officers, directors, volunteers, agents and representatives (collectively, the "Releasees"), that may arise out of or are related to the Minor's participation in the Program, including claims arising from the negligence of the Releasees. (initials) X_____

Covenant Not to Sue and Indemnification. We agree not to make a claim against the Releasees for injury, damage or death or any other loss arising from the Minors participation in the Program, regardless of cause or fault. We agree to indemnify and hold harmless the Releasees from and against any and all liability, loss, damages, claims, actions, and expenses, including attorney's fees, of any nature whatsoever, including but not limited to, bodily injury, death, personal injury, or property damage, whether foreseen or unforeseen, that may be asserted or commenced against a Releasee in any way connected to, related to, or arising out of the Minor's participation in the Program, regardless of the cause of such injuries or damages.

AUTHORIZATION FOR SUPERVISION AND TREATMENT OF A MINOR CHILD

As the parent or legal guardian on the Minor, We hereby grant our authorization and consent to JDRF and any of JDRF's employees and volunteers, coaches and service providers assisting with the Program (including without limitation the service providers providing medical and emergency support such as the Program medical coordinator, its employees and agents) as agents (the "Designated Agents"), to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Agents to summon any and all professional emergency personnel to attend, transport, and treat the Minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment or medical care deemed advisable by, or to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice medicine in the state in which treatment is to occur. We agree to assume financial responsibility for all expenses of such care. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Designated Agent in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel. In such event, the Designated Agents shall have the same access to the Minor's medical records that We have, including the right to disclose the contents to others. (initials) X_____

Certification. I certify that I am the parent or guardian of the Minor 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 the Minor and that I have read the foregoing and have made a conscious decision to sign it of my own free will. **If only one parent or guardian executes this Release on behalf of the Minor, then the undersigned parent or guardian of the Minor covenants, warrants, represents and agrees that he or she is executing this Release on behalf of, and as an agent for, any other individual who may be a parent or guardian of the Minor, and that by executing this Release, the undersigned is binding himself or herself, the Minor, and any other parent or guardian of the Minor, and all of their heirs, executors, personal representatives and assigns to this Release.**

Accepted by:

Parent/Legal Guardian Name (Please Print): _____

Signed: _____

Date: _____

Emergency Contact Number: _____

Parent/Legal Guardian Name (Please Print): _____

Signed: _____

Date: _____

Emergency Contact Number: _____