



VOLUNTEER WAIVER
October 25, 2015

*****Must be signed by all volunteers***
If under 18, parent must sign
(Bring waiver with you to the event)**

Volunteer Agreement: I understand that my execution of this waiver is a prerequisite for my participation and/or the participation of my minor child(ren) (my "child") in the 18th Annual LA Cancer Challenge 5k/10k Run/Walk and Kids Can Cure Fun Run to be held on October 25, 2015 (the "Event").

I understand that there are risks and dangers inherent in participating in the Event and that I am solely responsible for the health and safety of myself and my child, and I affirm that I am and/or my child is physically capable of participating in the Event. I will permit emergency treatment for myself and/or my child in the unlikely event it becomes necessary due to injury or illness while participating in the Event.

In order to be allowed to participate in the Event, I agree to assume all risks, including but not limited to risks of personal injury and property damage, and to release and hold harmless the Hirshberg Foundation for Pancreatic Cancer Research (including its officers, directors and employees), The Dept. of Greater LA/Veterans Affairs Healthcare System, W2 Promotions, corporate sponsors, cooperating organizations, event organizers, volunteers, and MTZ Productions (collectively, the "Released Parties"). I understand and agree that this release will have the effect of releasing, discharging, waiving, and forever relinquishing any and all actions or causes of action that I and/or my child may have against any of the Released Parties, including but not limited to any claims for personal injury or property damage.

In exchange for the opportunity to participate in the Event, I irrevocably authorize the Hirshberg Foundation for Pancreatic Cancer Research and/or MTZ Productions to photograph me and/or my child and to use any such photograph, as well as my name and/or the name of my child, without any compensation to me or my child, in any of its promotional materials, worldwide in perpetuity in all forms of media now and forever known.

I will abide by all Event and traffic rules and understand that I am responsible for ensuring that my children (if any) will do so. I understand that the Hirshberg Foundation for Pancreatic Cancer Research, MTZ Productions and event coordinators withhold the right to dismiss anyone that may cause disturbance at the Event. I have carefully read this waiver and release and fully understand its contents.

I agree with the terms and conditions above. I HAVE READ THIS WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN VOLUNTARILY.

Please sign below to indicate you have read and agree to this Volunteer Waiver

Name of Volunteer Printed Date

Name of Parent/Guardian, if under 18 Signature Date

Parent Phone Number Volunteer Email

Group/Organization