5K for Eosinophilic Disorders
Saturday, May 21, 2011
Heritage Park in Negaunee

WAIVER, RELEASE & CONSENT

The 5K for Eosinophilic Disorders is a charity event to benefit the American Partnership for Eosinophilic Disorders ("APFED"). In consideration of APFED permitting me (or my child, who is under the age of 18) to participate in the 5K for Eosinophilic Disorders ("Event"), I have read and understand this statement and agree to assume all risk of personal injury or other physical or emotional ailment for me (or my child).

Further, I (or my child) hereby, and for my (or my child's) legal representatives, heirs, executors, administrators, assigns, and all guardians, WAIVE, RELEASE AND DISCHARGE ANY AND ALL RIGHTS, CLAIMS AND CAUSES OF ACTION OF ANY NATURE, DIRECT OR INDIRECT, INCLUDING THOSE FOUNDED IN WHOLE OR PART UPON NEGLIGENCE,   that I (or my child) may have against APFED and/or its collective sponsors, its directors, officers, employees, agents, chapters, assignees, licensees, volunteers and any cooperating entities, their representatives, heirs, executors, administrators, successors, and assigns (the "Released Parties") arising out of or resulting from any and all injuries or damages of any nature, including death, which I (or my child) may suffer while taking part in or arising out of the Event or any activity connected with the Event.

Further I (or my child) hereby consent to use my (or my child's) name and any photographs, digital images, portraits, likenesses, writings or biographical information, audiotape and/or videotape recordings, sound or silent motion pictures of me (or my child) in any medium for new releases, use on the APFED website, editorial, educational, promotional, and advertising purposed, for the solicitation of contributions and/or any other purpose in furtherance of the charitable purposes and objectives of APFED.

By signing this document, I certify that I Have read this document and fully understand it. This document shall be binding upon me (or my child), my (or my child's) legal representatives, heirs, executors, administrators and assigns (and all legal guardians of my child).

_____   _____
(Participant's Signature)   (Date)

_____
(Participant's Printed Name)

If the person signing is under age 18, I hereby certify that I am the custodial parent or guardian of
_____,   named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

_____   _____
(Parent / Guardian's Signature)   (Date)

_____
(Parent / Guardian's Printed Name)