



THIS IS A RELEASE OF LEGAL RIGHTS. READ AND UNDERSTAND BEFORE SIGNING.

Disclosure

Participants will be involved in AutismUp Special Event activities that involve risk.. The term “Participant”, “you” or “your” refer to the actual Participant in the Event activities as well as the Participant’s parent/guardian, as the context requires.

The AutismUp staff are trained in facilitating the Event activities with the required safety precautions. The Event involves a variety of activities, which include rigorous physical activities. The level of participation is completely up to individual choice throughout the Event. However, there is risk that must be assumed by each Participant.

Release of Liability

For and in consideration of being allowed to participate in the Event, the undersigned agrees as follows:

1. Not to sue AutismUp, the officers, directors, trustees, employees, volunteers, or agents of AutismUp or its affiliates (collectively, the “Releasees”), and release the Releasees from any and all liabilities, claims, demands, actions, causes of actions, costs and expenses of any nature whatsoever which the undersigned may have arising out of any loss, damage or injury that may be sustained by the undersigned, or to any property belonging to the undersigned, arising in connection with the Event, whether caused by the negligence, including the sole negligence, of the Releasees or otherwise, including without limitation the Releasees’ cancellation, postponement or modification of the Event.
2. To hold harmless and indemnify the Releasees from and against any loss, liability, damage or costs (including court costs and attorneys’ fees), that the Releasees may incur resulting from the undersigned’s participation in the Event.
3. That this agreement is binding on the undersigned, the members of my family and spouse (if any), my estate, heirs, administrators, successors, assigns and personal representatives. This release inures to the benefit of each of the Releasees and their respective estates, heirs, administrators, successors, assigns and personal representatives.

Emergency Medical Treatment

The Participant grants the Releasees permission to authorize emergency medical treatment for the Participant, as they deem appropriate, during the Event. The Participant agrees that the Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment. Should a Participant require medical attention at any time during the Event, the AutismUp staff shall promptly report the situation to the parent/guardian or emergency contact person who remains on the premises for instruction. If such person cannot be reached, or if it is an emergency situation, the parent/guardian or emergency contact person hereby gives permission for emergency care to be obtained at his/her expense.

You warrant that you maintain medical insurance that covers the Participant for accidents and illnesses while participating in the Event activities. Participant assumes full responsibility for payment of medical expenses not covered by this insurance incurred as a result of the Participant’s involvement in the Event activities.

Participant’s Agreement (if 18 and older)/Legal Guardian’s Agreement

I have read and understand this agreement. I understand that by signing this agreement, I surrender valuable rights, including but not limited to my right to sue. I do so freely and voluntarily.