AMERICAN LUNG ASSOCIATION OF THE MIDLAND STATES, INC.

PARTICIPANT/VOLUNTEER ASSUMPTION OF RISK, WAIVER OF CLAIMS, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

		AGINELIVI	
Activity: Fight For Air Climb Cleveland	_ (the "Activity") Location: <u>Terminal Tower, Cleveland, OH</u>	
Date(s) and Time(s): March 4 th , 2016	6am-3pm		
I would like to participate in and/or volunteer	at the Activity ar	nd assist the American Lung Association of the Mid	lland States Inc. (the "ALAMS") in it:
mission to improve lung health and prevent le	ung disease.		
is legally binding on me and my heirs, execut for the benefit of the American Lung Assoc directors, employees, sponsors, agents and re 2. I represent to the Released Parties that:	ors, administratoriation, Inc., the Aepresentatives (co		sing Parties"); and this Agreement is
a. I have voluntarily chosen to participb. I am in good health and physical co		iunteer at the Activity; to participate in and/or volunteer at the Activity;	
c. I will obey all laws, regulations and		· · · · · · · · · · · · · · · · · · ·	
or death, including but not limited to: physica	al exertion; equipr	hazardous and involve risks which may cause prop ment failure or malfunction; venue conditions; falli nce of the other participants or the Released Partic	ing; collision with or being impacted
3. I voluntarily assume all risks associated v	vith my participat	tion in the Activity, including the risk of property	damage, personal injury, illness, o
death.			
		tors, administrators, successors and assigns any an of the Released Parties arising from or relating to t	
	_	Parties makes a claim against any of the Released I d Parties from any and all costs, expenses and fees	
press releases, grant proposals, websites, electome. I hereby release and waive for myself any and all of the Released Parties arising fro 7. Delivery of a copy of this Agreement bea (".pdf") form, or by any other electronic mear effect as physical delivery of the paper docun 8. I agree that this Agreement shall be goverbitration or litigation arising from or relatin 9. If any provision of this Agreement is held affect the other provisions of this Agreement 10. This Agreement is the complete agreement with respect to the subject matter of this Agreement 11. I have read and understood this Agreement	ctronic publication of and the other Reference of an original signs intended to prement bearing the dependence of the Activity of to be invalid or and that this Agreement. This Agreement.	ignature by facsimile transmission, by electronic neserve the original graphic and pictorial appearance original signature. vs of the State where the Activity takes place, and or this Agreement shall be in the State where the Activity overbroad, I agree that the provision shall be severement shall be enforceable to the greatest extening Parties and the Released Parties and supersedes are ement may not be modified orally.	dia without notice or compensation we or may in the future have against mail in "portable document format" e of a document, will have the same and that the exclusive venue for any activity takes place. Werable and such invalidity shall not at possible. any other written or oral agreement
Print Name of Participant/Volunteer	Date	Signature of Participant/Volunteer (if 1	.8 or older) Date
that the undersigned is the parent or l	age of eighteen legal guardian o cknowledges and	TOF PARENT OR LEGAL GUARDIAN (18) years, the undersigned acknowledges and roof the Participant/Volunteer and has the auding agrees that the undersigned has read and undeer and the undersigned.	thority to act on behalf of the
Print Name of Parent or Guardian	Date	Signature of Parent or Guardian	Date
Yes	s! I am turi	ning in money today.	

No. I am not turning in money today.

ALAMS USE ONLY