ROBERT F. WAGNER MIDDLE SCHOOL
Team Wagner Walk to Support Tay-Sachs Research
June 22, 2009 ~ SPONSOR FORM

First Name _____ **Last Name** _____

Home Address _____ **City** _____ **State** _____ **Zip Code** _____

Home Phone (_____) _____ **Email** _____

SPONSOR'S NAME HOME ADDRESS, CITY, STATE, ZIP DONATION AMOUNT

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All checks should be made payable to NTSAD Team Wagner Walk **TOTAL Collected $_____**

TEAM WAGNER Release and Indemnification

NTSAD/Robert F. Wagner Middle School Walk is an activity which may include risks such as, but not limited to, falls and interaction with other participants. In consideration of being allowed to participate in this event, I hereby expressly assume all risks, including personal injury and death, arising in any way out of my participation in the NTSAD Team Wagner Walk. It is my responsibility to dress appropriately. Although refreshments and other assistance may be available during this event, I am solely responsible for my own health and safety. I represent and warrant that I am physically fit and able to participate in this event and I agree to stop and request assistance if I experience any symptoms such as, but not limited to, dizziness, excessive fatigue, shortness of breath, pain or any other conditions which would make it difficult or unsafe to continue.

I agree, for myself, my heirs, executors and administrators, to not sue and to release, indemnify and hold harmless, the National Tay-Sachs & Allied Diseases Association New York Area Inc., its affiliates, officers, directors, volunteers and employees, and all sponsoring businesses and organizations and their agents and employees, from any and all liability, claims, demands, and causes of action whatsoever, arising out of my participation in this event and related activities – whether it results from the negligence of any of the above or from any other cause.

This release and indemnification agreement shall be as broad and inclusive as is permitted by the State, County or Town in which the event is conducted. If any portion of it is held invalid, the balance shall continue in full force and effect. I have read, understand and agree to the terms of this Agreement.

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Participant's Signature Printed Name Date

If Participant is a minor, parent or guardian must sign below:

I am the legal guardian of Participant, and hereby consent to his/her participation. I have read the foregoing release and indemnification agreement, and hereby agree on behalf of myself and Participant to its terms.

_____

Parent/Guardian's Signature Printed Name Date

National Tay-Sachs & Allied Diseases Association New York Area is a 501 (c)(3) nonprofit organization. A copy of the latest annual report may be obtained, upon request, from NTSAD NY Area, or the Office of the Attorney General, Charities Bureau, 120 Broadway, New York, NY 10271.