**ASSUMPTION OF RISK, RELEASE AND PERMISSION IN CONNECTION WITH VOLUNTEER PROGRAM**

In consideration of being a participant in or attendee in the volunteer program which is a series of events that may include physical and other risks including, but not limited to, injuries, falls, interaction with other participants, effects of weather, traffic and other event conditions, I hereby expressly assume all risks, including bodily and personal injury, death, property loss or other damages of any kind arising in any way out of my participation in or attendance at the events and related activities.

I am solely responsible for my own health and safety. I represent that I am physically fit and able to participate in or to attend the events. I will consider my physical condition and health before participating in any of the events.

I hereby for myself, my heirs, executors and administrators, release, discharge and agree not to sue Alzheimer’s Association, its chapters, their respective officers, directors, volunteers, employees, sponsors and agents, from any and all liability, claims, demands and causes of action whatsoever, arising out of my participation in or attendance at the events and related activities – whether resulting from the negligence of any of the above or from any other cause.

I agree that my assumption of risk and this release hereunder shall be as broad and inclusive as is permitted under applicable law, and that if any portion thereof is held invalid, it is agreed that the remainder shall notwithstanding, continue in full force and effect.   
  
**I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS OF THIS AGREEMENT.**

**This Release is executed by and on:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (*please print*)

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Address

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(City, State, Zip)

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Phone

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Signature Date