



**CSA<sup>®</sup> Greater Chicago Chapter #19**

**CSA WALK WAIVER AND RELEASE (ONE FORM PER PARTICIPANT)**

1. I wish to participate in the Feeling Better, One Step at a Time with CSA walk. I understand that my execution of this Waiver and Release is a prerequisite for participation in the Event.
2. I agree to accept all risks associated with this Event including but not limited to falls, contact with other participants, the effects of weather including possible high heat and humidity, the condition of the roads and traffic, all such risks being known to and appreciated by me.
3. Knowing these facts, and in consideration of your accepting my entry for this Event, I hereby, for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge Celiac Sprue Association USA, Inc., Celiac Sprue Association of Greater Chicago, Whole Foods Market, the Forest Preserve District of DuPage County, and all of their officers, agents and employees, and authorized volunteers, with respect to any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me as a result of my participation in the Feeling Better, One Step at a Time with CSA annual walk, even though this liability may arise from negligence or carelessness on the part of the persons or entities referred to in this paragraph or from dangerous or defective property or equipment owned, maintained, or controlled by any such person or entity.
4. I understand that I am solely responsible for my health and safety and that the course which participants will be walking will be, for the most part, unsupervised. I acknowledge that I am physically capable of safely participating in and completing this Event. If I am a parent or guardian signing on behalf of a person who is less than 18 years of age, I acknowledge that I am strongly encouraged to personally accompany and provide adult supervision for such person during the entire Event.
5. I agree to allow Celiac Sprue Association of Greater Chicago, Celiac Sprue Association USA, Inc., and their contractors, agencies and sponsors, the use of my name and likeness in connection with the Event for any purpose related to advertising or promotion of the Event worldwide in perpetuity in all forms of media now and forever known.
6. Should any portion of this Waiver and Release be judicially determined to be invalid, violable, or unenforceable, for any reason, such portion of this Waiver and Release shall be severable from the remaining portions herein and the invalidity, voidability, or unenforceability thereof shall not affect the validity, effect, enforceability, or interpretation of the remaining provisions of this Waiver and Release.
7. I have carefully read this Waiver and Release and fully understand its contents. If I am under 18 years of age at the time of registration, my parent or legal guardian has completely reviewed this Waiver and Release and understands and consents to its terms, and authorizes my participation by his/her signature below. I am aware that this is a RELEASE OF LIABILITY and a contract between me and the persons and entities mentioned above and I sign of my own free will.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Signature of parent or guardian if participant is under 18 years of age.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date