

**COMMUNITY EVENT WAIVER AND AGREEMENT  
TO RELEASE, INDEMNIFY, AND HOLD HARMLESS**

In order to complete and confirm my registration to participate in any community event in support of the National Brain Tumor Society (NBTS), I hereby affirm, acknowledge and agree to the following:

1. I am an adult age 18 years or older registering myself as a participant in this community event in Support of the National Brain Tumor Society; or I am the parent/legal guardian acting on behalf of and registering a minor age 17 years or younger who wishes to participate in this community event in support of the National Brain Tumor Society and that I have the legal authority to act and consent on his/her behalf.
2. I assume all responsibility for any and all damages to or the theft of personal property, or any bodily injury (including death) that may occur to me (or the minor) and further I assume responsibility for property damage and bodily injury (including death) that I (or the minor) may cause to others, in each case arising or resulting from, incident from, incident to, or as a consequence of, participation in any community event in support of the National Brain Tumor Society.
3. I, for myself (and the minor) and my (and the minor's) heirs, executors, and administrators, release, indemnify, hold harmless from, and waive all claims, damages, and rights of action, present or future, whether the same be known or unknown, anticipated or unanticipated, foreseen or unforeseen, arising or resulting from, incident to or as a consequence of participation in this or any community event in support of the National Brain Tumor Society, which I (or the minor or either of our heirs, executors, or administrators) may now or hereafter have against NBTS, the cities and towns around the event, and/or the event's sponsors, vendors, and volunteers, including but not limited to NBTS, its affiliates, predecessors, successors and assigns, event venues, and the respective trustees, directors, managers, members, shareholders, employees, representatives and agents of any and all of the foregoing. **WITHOUT LIMITING THE FOREGOING IN ANY WAY, I INTEND THIS TO BE A GENERAL WAIVER OF ANY AND ALL CLAIMS WHICH ARE IN ANY WAY RELATED TO PARTICIPATION IN THIS OR ANY COMMUNITY EVENT IN SUPPORT OF THE NATIONAL BRAIN TUMOR SOCIETY.**
4. I understand that participating in this or any community event in support of the National Brain Tumor Society is a hazardous activity and I attest and certify that I am physically capable and properly trained to participate in this event. I also attest and certify that any minor on whose behalf I am acting is physically capable, properly trained, and mature enough to participate in this community event. I understand that NBTS will not provide supervision of or otherwise monitor minors participating in this event or any community event held in support of the National Brain Tumor Society.
5. I acknowledge that I (and the minor) have reviewed and fully understand and agree to abide by all of the rules, guidelines, and requests that are requested by the Community Organizer fundraising on behalf of the National Brain Tumor Society or by the National Brain Tumor Society itself.
6. I grant full permission to NBTS to use my (and the minor's) name, voice, and/or likeness in any medium, including broadcasts, telecasts, advertising promotions, in-house publications, photographs, videos or other accounts of this event.
7. I understand that all donations, registrations or tickets processed are nonrefundable and nontransferable even if I (or the minor) don't participate in this community event in support of the National Brain Tumor Society or the community event is cancelled.
8. I attest that I have had sufficient opportunity to read this entire document and that I have read and understood it.

**PRIVACY POLICY**

National Brain Tumor Society values the trust you place in us. We will not sell, trade, or share the personal information you provide to us through our website(s) or by participating in this event with anyone else, nor will we send donor mailings on behalf of another organization without your written permission to do so. To read our complete privacy policy, **visit [www.brainumor.org/privacy](http://www.brainumor.org/privacy)**. Please sign below to acknowledge the Waiver and Agreement to Release, Indemnify, and Hold Harmless, as well as the Privacy Policy.

**Community Event Name:** \_\_\_\_\_

\_\_\_\_\_  
*Participant Signature or Parent/Guardian Signature (if Participant is under 18)*

\_\_\_\_\_  
*Date*

By providing my electronic or in-person signature, I'm legally agreeing to the above terms and conditions