

CURE ALS, Inc.
WAIVER, RELEASE & CONSENT

13th Annual Tee Up to CURE ALS Golf Tournament
September 17, 2022

In consideration of CURE ALS permitting (me) (my child, who is under 18) to participate or volunteer in the above-named event, I hereby and for (my) (my child's) heirs, executors, administrators, assigns, and all legal guardians, WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS OF ANY NATURE, FOUNDED IN WHOLE OR IN PART UPON ANY TYPE OF NEGLIGENCE, that (I) (my child) may have against CURE ALS, its directors, officers, employees, agents, assignees, licensees, the golf facility, volunteers, and cooperating entities, their representatives, heirs, executors, administrators, successors, and assigns (the "Released Parties") arising out of or resulting from any and all injuries or damages of any nature, including death, which (I) (my child) may suffer while taking part in the event or any activities connected with the event. I assume all the risks associated with participating in this event. I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE any or all of the Released Parties in connection with the event.

Further, I understand and acknowledge that I am participating in this event at my own risk, that any safety precautions designed to protect against the spread of COVID-19 undertaken by the Released Parties does not guarantee I will not contract COVID-19, and that, the foregoing notwithstanding, it is my specific intent to affirm my foregoing release of the Released Parties with respect to any personal injury, loss, damage to property, or death I may experience from COVID-19 in connection with my participation in this event.

Consent is also hereby given to use (my) (my child's) name, picture, portrait, likeness, writings, or biographical information, audiotape and/or videotape recordings, and sound or silent motion pictures of (me) (my child) in any media for editorial, educational, promotional, and advertising purposes, for the solicitation of contributions, and for any other purpose in furtherance of the corporate purposes and objectives of CURE ALS.

By signing this document, I certify that I have read this document and fully understand it and that I am not relying on any statements or representations of any Released Party. This document shall be binding upon me, (my) (my child's) heirs, executors, administrators, assigns, and all legal guardians (of my child).

PLEASE PRINT LEGIBLY

Printed Name

I affirm that I am the parent/legal guardian of _____ and that I have full authority to authorize his/her participation in the above-referenced CURE ALS event.

Email Address

Signature