



The ALS Association Greater Philadelphia Chapter
 321 Norristown Road, Suite 260, Ambler, PA 19002
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Release and Waiver of Claims

The ALS Association Greater Philadelphia Chapter has taken enhanced health and safety measures in planning All in for ALS. Participants must be registered in order to participate and must follow all posted instructions while participating in All in for ALS.

I acknowledge and agree that:

- I am participating in All in for ALS at my own risk.
- COVID-19, caused by the SARS-CoV-2 virus, is an extremely contagious disease that can lead to severe illness and death.
- There is not a full understanding of transmission and levels of contagion in different environments and circumstances; however, there is an inherent risk of exposure to COVID-19 in any public place where people are present.
- While the organizers and sponsors of All in for ALS have taken steps to put enhanced health and safety measures in place, those measures cannot be guaranteed to eliminate the risks related to COVID-19.
- According to the Centers for Disease Control and Prevention (CDC), senior citizens and individuals with underlying medical conditions are especially vulnerable to COVID-19 infection and severe complications from the disease, including permanent disability and death.
- I have considered the risks presented by participating in All in for ALS and have consulted with my physician as needed to assist in understand how those risks may apply to me, based on my personal characteristics and health history.
- I will only participate in All in for ALS if I am healthy and well on the day of All in for ALS. If I do not feel well, and/or if have any of the symptoms identified by the CDC that may be related to COVID-19, or have been exposed to someone with active COVID-19 infection in the previous 14 days, I will not participate All in for ALS.
- I may be asked to leave All in for ALS if I do not comply with posted requirements for participation.

By participating in All in for ALS I agree to voluntarily assume all risks related to such participation, including but not limited to the risk of exposure to COVID-19, and agree to forever release and hold harmless from all costs, expenses, damages, claims, lawsuits, judgments, losses, and/or liabilities (including attorney’s fees) (collectively, Losses) directly or indirectly arising out of or related to any loss, damage, or injury, including death, that may be sustained by me related to All in for ALS whether caused by negligence of The ALS Association Greater Philadelphia Chapter, The ALS Association and their respective affiliates, subsidiaries, employees, contractors and volunteers or any third party participating in or who is otherwise present at All in for ALS.

This Wavier and Release shall be governed by and construed in accordance with Pennsylvania law, and that if any of the provisions hereof are found to be unenforceable, the remainder shall be enforced as fully as possible, and the unenforceable provision(s) shall be deemed modified to the limited extent required to permit enforcement of the Wavier and Release as a whole.

I further grant full permission for organizers to use photographs, videotapes, motion pictures, recordings or any other record of this event.

 Print Participant’s Name Age Signature* Date

*If Participant is under 18 years old, Parent or Guardian must sign below:

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child participation in the Event, and has agreed individually and on behalf of the child, to the terms of the waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

 Print Participant’s Name Age Signature of Legal Guardian/Proxy Date