

Harbor Beach Can-Can Tournament
Harbor Beach Marina
Saturday, May 9, 2009

In consideration of MUSCULAR DYSTROPHY ASSOCIATION, INC. ("MDA") permitting (me) (my child _____, who is under 18) to participate 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 that (I) (my child) may have against MDA, its directors, officers, employees, agents, chapters, assignees, licensees, and cooperating entities, their representatives, heirs, executors, administrators, successors, and assigns for any against 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 further understand that (I) (my child) assume(s) all risks in participating in the event. Consent also is hereby given to use (my) (my child's) name, picture, or portrait, likeness, writings or biographical information, and 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 purpose and objectives of MDA.

This release and consent shall be binding upon me, (my) (my child's) heirs, executors, administrators, assigns, and all legal guardians of my child.

Print Name of Participant

Signature of Participant

Date

Address
Zip Code

City

State

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 MDA Event.

(Signature of Parent or Guardian if participant is under 18)

Date