



Waiver of Liability & Media Release Form

This agreement releases PARA GUIDE from all liability relating to injuries that may occur as a sighted guide or para-visually impaired athlete. By signing this agreement, I agree to hold PARA GUIDE, entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence. I also acknowledge the risks involved as a sighted guided or a para-visually impaired athlete. These activities include but are not limited to swimming, running, cycling, paddling and group exercise.

As a participant, I acknowledge that the role of a sighted guide or a para-visually impaired athlete includes participation in strenuous athletic activities, including but not limited to; aerobic and anaerobic workouts and physical contact with others. I agree to assume all risk and responsibility involved with participation in the athletic activities and physical contact during the activities. I acknowledge that participation will be physically and mentally challenging, and agree that it is my responsibility to seek competent medical or other professional advice regarding any concerns involved with my ability to take part in athletic activities and physical contact as a sighted guide or para-visually impaired athlete. I agree to assume all risk and responsibility for not exceeding my own physical limits.

I do hereby grant to PARA GUIDE the unlimited right to use and/or reproduce photographs, likenesses or my voice in any legal manner and for the internal or external promotional and informational activities of PARA GUIDE. I also agree to be interviewed and/or photographed by representatives of the external news media in relation to any and all coverage of PARA GUIDE in which they are involved. I also agree to allow my photograph to be published on PARA GUIDE social media and/or PARA GUIDE publications. I further understand that by signing this release, I waive any and all present, or future compensation rights to the use of the above stated material(s).

My signature certifies that I have read and agree that all of the above is true, to the best of my knowledge.

Name: _____ Date: _____

Signature: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

~supporting para-athletes, getting us to the starting line and seeing us across the finish line~