



THE DEAN'S RIDE TO DEXTER 2003

PARTICIPATION AGREEMENT

Please fill out this form and return it along with your registration form. Have your guests also complete their portion. Participants under 18 years of age must have a parent or guardian sign the participation agreement for them.

Your name _____

I understand that my consent to these provisions is given in consideration for being permitted to participate in this event. I am in adequate physical condition to participate in this event. The event administrators may remove me from the event if they believe that my health may be endangered. I am aware of and voluntarily assume the risks of participating in this event. If I am injured, I agree that I will not sue or otherwise hold responsible, the Medical School, including its members and any affiliated individuals. I give my permission to use any photographs, videotapes or other recordings of me that are made during the course of the event.

Signature _____

Date: _____

Name of Guest #1 _____

I understand that my consent to these provisions is given in consideration for being permitted to participate in this event. I am in adequate physical condition to participate in this event. The event administrators may remove me from the event if they believe that my health may be endangered. I am aware of and voluntarily assume the risks of participating in this event. If I am injured, I agree that I will not sue or otherwise hold responsible, the Medical School, including its members and any affiliated individuals. I give my permission to use any photographs, videotapes or other recordings of me that are made during the course of the event.

Guest or guardian signature _____

Date: _____

Name of Guest #2 _____

I understand that my consent to these provisions is given in consideration for being permitted to participate in this event. I am in adequate physical condition to participate in this event. The event administrators may remove me from the event if they believe that my health may be endangered. I am aware of and voluntarily assume the risks of participating in this event. If I am injured, I agree that I will not sue or otherwise hold responsible, the Medical School, including its members and any affiliated individuals. I give my permission to use any photographs, videotapes or other recordings of me that are made during the course of the event.

Guest or guardian signature _____

Date: _____

Name of Guest #3 _____

I understand that my consent to these provisions is given in consideration for being permitted to participate in this event. I am in adequate physical condition to participate in this event. The event administrators may remove me from the event if they believe that my health may be endangered. I am aware of and voluntarily assume the risks of participating in this event. If I am injured, I agree that I will not sue or otherwise hold responsible, the Medical School, including its members and any affiliated individuals. I give my permission to use any photographs, videotapes or other recordings of me that are made during the course of the event.

Guest or guardian signature _____

Date: _____

Name of Guest #4 _____

I understand that my consent to these provisions is given in consideration for being permitted to participate in this event. I am in adequate physical condition to participate in this event. The event administrators may remove me from the event if they believe that my health may be endangered. I am aware of and voluntarily assume the risks of participating in this event. If I am injured, I agree that I will not sue or otherwise hold responsible, the Medical School, including its members and any affiliated individuals. I give my permission to use any photographs, videotapes or other recordings of me that are made during the course of the event.

Guest or guardian signature _____

Date: _____