Dean's Ride to Dexter

Sunday, June 30, 2002

Participation Agreement

Please fill out the following and return with your registration form, being sure to have your guests also complete their portion below. Participants under 18 years of age should 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 this 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 this 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 this 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 this 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 this event.

Guest or guardian signature: _____ Date: _____