

3rd Annual Walk for Autism
Inspirational Spectrum Heroes (ISH)
Saturday, May 20, 2023
Wisner Stadium, Pontiac Michigan
11:00 am – 2:00 pm
Volunteer Form



Helping to make a difference in the lives of Children & Families Affected by Autism

First Name: _____ Last Name: _____

Parent Name if under 18 years: _____

Address: _____

Home Phone: _____ Cell: _____

Email: _____ T-Shirt Size: _____

Release

In consideration for the opportunity to participate in the “3rd Annual ISH Walk for Autism” I agree as follows for myself, and for child(ren) who participate and/or attend with me:

I hereby waive and release, for myself, my child, my heirs, executors and administrators, any and all rights, claims, liabilities and causes of action whatsoever I or my child may have against Inspirational Spectrum Heroes, its affiliates and the “3rd Annual Walk for Autism” operators and sponsors and each of their respective officers, directors, employees and agents (the “Event Parties”) relating to or arising from my or my child’s participation in the Event, including but not limited to personal injury.

I recognize the 3rd Annual ISH Walk for Autism has inherent risk of injury and I hereby assume that risk, and on behalf of me and my child. If I or my child causes injury to any person or damage to any property while participating in the Event, I hereby indemnify and hold harmless the Event Parties from and against any and all claims, suits, actions, losses, damages and expenses related to or arising from such injury or damage.

I hereby give my consent to ISH, to use my and my child’s name and photographs, video and film (“Photos”) of me and/or my child taken before, during or after the 3rd Annual ISH Walk for Autism in advertising and promotional materials for ISH, including but not limited to the Internet, without compensation. I agree that no advertising or other material need be submitted to me or my child for approval. I agree that all Photos of me and/or my child used by ISH and they may copyright material containing same. I hereby release, discharge, and agree to save harmless the Event Parties from any liability, including, without limitation, any claims for libel or invasion of publicity/privacy, by virtue of any use of my or my child’s name and/or Photos, including, any alteration of such Photos, whether intentional or otherwise.

I have read and understand this Release and Consent and declare all information is truthful and accurate.

Signature of parent/guardian if under 18

Date