



“Social Dance” Waiver

February 17, 2012

I know that walking, running, jumping, bouncing, dancing and any other activity is potentially hazardous. I and/or my child/children should not enter unless we are medically able. I agree that we will abide by all decisions relative to my ability to safely engage in the planned activities. I assume all risks associated with this event, including but not limited to falls, contact other participants, the effects of climate and any other conditions that may be present or which present themselves during the course of the event, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and inconsideration of the entry, I hereby for myself, heirs, executors and administrators and as a parent or caregiver waive any and all claims from injuries, death, damage or loss that I and/or a child in my care may have against the Autism Cares Foundation, Inc. and/or any individuals associated with the organization, their representatives, volunteers, board of directors, officers and any other person that may be affiliated with this event, for any and all injuries that may be suffered by me in connection with this event including pre and post activities. I hereby grant permission to the organizers of this event, the Autism Cares Foundation and their authorized agents to use my name, photographs, videotape in connection with this event, including any other record of my participation in this event.

(Print Name of Child/Young Adult)

(Print Name of Parent /Caretaker present during event)

(Signature of Parent/Caregiver over the age of 21)

(Date)

THANK YOU!!!