MDA Carnival
Host Family Waiver, Release And Consent Form

Event Date _____ Host Family _____ Location _____

In consideration of MUSCULAR DYSTROPHY ASSOCIATION, INC. ("MDA®") permitting me and my family, including my children, who are under 18, to host MDA's Carnival Program at our residence, I hereby, and for (my) (my children's) heirs, executors, administrators, assigns, and all legal guardians, WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS OF ANY NATURE, FOUNDED IN WHOLE OR IN PART UPON ANY TYPE OF NEGLIGENCE, that (I) (my children) may have against MDA, its directors, officers, employees, agents, chapters, assignees, licensees, volunteers and cooperating entities, their representatives, heirs, executors, administrators, successors, and assigns (the "Released Parties") arising out of or resulting from any and all injuries or damages of any nature, including death, which (I) (my children) may suffer while taking part in the Carnival event or any activities connected with the event. I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE any or all of the Released Parties in connection with the event.

Consent also is hereby given for MDA to use (my) (my children's) name, picture, portrait, likeness, writings or biographical information, and audiotape and/or videotape recordings and sound or silent motion pictures of (me) (my children) in any media for editorial, educational, promotional, and advertising purposes, for the solicitation of contributions, and for any other purpose in furtherance of the corporate purposes and objectives of MDA.

By agreeing to this document, I certify that I have read this document and fully understand it, and that I am not relying on any statements or representations of any Released Party. This document shall be binding me, (my) (my children) and our heirs, executors, administrators, representatives, successors, assigns, and all legal guardians of me and my children.

_____
Location of Event

_____
Home Address City, State Zip Code

_____
E-mail Address

_____
Print Name of Parent or Legal Guardian

_____
Signature of Parent or Legal Guardian Date

Names & ages of children _____ _____

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