MDA Carnival Participant Waiver, Release and Consent Form

Event Date _____ Host Family _____ Location _____

In consideration of MUSCULAR DYSTROPHY ASSOCIATION, INC. ("MDA®") permitting (me) (my child, who is under 18) to participate in MDA's Carnival Program, and for (my) (my child's) heirs, executors, administrators, representatives, successors, 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 or any other cause of action, that (I) (my child) 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 child) may suffer while taking part in the 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 child's) name, picture, portrait, likeness, writings or biographical information, and audiotape and/or videotape recordings and sound or silent motion pictures of (me) (my child) 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 signing 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 finding up me and , (my) (my child) heirs, executors, administrators, assigns, and all legal guardians of me and (my child).

Print Participants Name & Age	Print Name of Parent/Legal Guardian	Signature of Parent/Legal Guardian	Address (Residence & E-mail)