

## Contact Information

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Your Company: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

## Event You Will Participate In

Name of Event: \_\_\_\_\_ Date & Time: \_\_\_\_\_

Location: \_\_\_\_\_

**Register yourself at [gofundme.com](https://www.gofundme.com) to benefit COP Foundation**

## Authorization And Release Of Liability

In signing this release, I \_\_\_\_\_ ("Participant") will be participating in and attending the \_\_\_\_\_ event for the purpose of fundraising and/or raising awareness of and for Center for Oncology in Pediatrics Hospital® in Baja. I acknowledge that I am physically fit and able to safely participate in the event without risk to myself or others. I understand that there may be risks associated with participating in a physical activity and/or an activity which includes live animals and assume all risk of injury that may occur as a result of participating in the Event. I, for myself, my heirs, executors and administrators, hereby agree to indemnify and hold harmless Center for Oncology in Pediatrics Hospital® in Baja, Center for Oncology in Pediatrics Foundation and Fundacion Castro Limon A.C., all public or private agencies whose property and/or personnel are used, all other sponsoring or co-sponsoring companies or individuals and all individual organizers or volunteers related to or involved in the Event (collectively "Releasees") from all liability to myself and my personal representatives, assigns, heirs and executors, for all loss(es) or damages(s) and any and all claims or demands therefore, on account of injury to myself or property. I assume the risks of

loss(es), damages(s), or injury(ies) that may be sustained by myself while participating in the aforementioned activity. I consent to Center for Oncology in Pediatrics Foundation taking photos and/or videos of myself during the activity listed above. I understand that I am consenting to use of said photos and videos in printed materials, social media, videos, and presentations without any compensation. PARTICIPANT HAS READ THE FOREGOING AND INTENTIONALLY AND VOLUNTARILY ACCEPTS THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Please print this form out and provide an original signed copy to your company's payroll department, scan and email us a second copy to [admin@copfoundation.org](mailto:admin@copfoundation.org)

**Thank you for helping us make a great Impact!**

**Learn more.**

[Copfoundation.org/takeaction](https://copfoundation.org/takeaction)