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www.dyfofindiana.org

Educating, Encouraging, Empowering

Name: _____

Address: _____

Phone: _____

Waiver and Release from Liability

I, the undersigned, hereby acknowledge and agree that use of the Diabetes Youth Foundation of Indiana Camp facilities is strictly voluntary and that I understand and appreciate the risks and potential consequences of the use or misuse of the facility.

I hereby WAIVE AND RELEASE any and all rights and claims for Bodily Injury, Property Damage or Personal Injury I may have against Diabetes Foundation of Indiana Camp, its officers, directors, agents, employees, and members for any injury, loss or damage sustained while using Diabetes Youth Foundation of Indiana Camp facilities.

In consideration for my volunteer work and/or participation in activities on the premises, I do hereby agree NOT TO SUE and agree to and do hereby RELEASE AND DISCHARGE the Diabetes Youth Foundation of Indiana, Inc., its agents, employees, officers, directors, members, volunteers, and all other persons or entities acting on its behalf (hereafter collectively referred to as the "DYFI"), from all claims, demands, rights and causes of action of any kind, including, but not limited to, those based on bodily injury or property damage, whether or not caused by the negligence or other fault of the DYFI. Furthermore, I agree to indemnify the DYFI from, and hold the DYFI harmless for, all damages, losses, expenses and costs, including attorney fees, incurred by the DYFI in connection with any claim or legal proceeding brought by any person or entity arising out of or connected with my attendance at camp or participation in camp programs or activities. Furthermore, I grant permission to the DYFI to use photographs/videos of me for promotional or fundraising purposes. The DYFI also has my permission to transport me for field trips and other activities. I also understand and agree to abide by any rules and regulations governing camp.

Volunteer/ Visitor Signature (or Parent/ Guardian): _____

Volunteer/ Visitor Name (printed clearly): _____

Date: _____

DYFI Representative Signature: _____

Date: _____