



DIABETES INTERNATIONAL FOUNDATION

“Making a *DIF*ference”

VOLUNTEER / REGISTRATION FORM

RELEASE OF LIABILITY

Volunteer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Comments / Limitations / Restrictions / Disabilities: _____

I wish to participate as a volunteer for the Diabetes International Foundation. I, for myself and for my personal representatives, executors, administrators, heirs, successors and assigns (related parties) also release and discharge the Diabetes International Foundation, all sponsors of the Diabetes International Foundation, affiliates, directors, officers, trustees, officials, members, employees, volunteers, agents, attorneys, successors and assigns all referred to as Releases from all liability for any injury, damages, death, property damage or other loss that may occur in any way connected with participation in or travel to or from any event whether caused by any of the releases, negligence or any other acts or omissions. The foregoing release is intended to be as broad and inclusive as permitted under Illinois State law. If any of the foregoing release is held invalid so that any of the claims concerning any of the liabilities released above may be pursued, I further agree for myself, and related parties that any such claims shall upon the request of any of the releases, be resolved by final and binding arbitration administered by and according to the then existing Rules of Practice and Procedure of the American Arbitration Association (AAA). If any portion of this agreement is held invalid, the balance of this agreement will continue in full force and effect. I have carefully read this agreement, know its contents and sign it voluntarily.

Signed: _____ Date: _____