Acknowledgment and Assumption of Risk
I am aware of the dangers and the risks to my person and property involved in participating in the Wellness Strand activities occurring at MAA MathFest 2015, August 5-8, 2014. I understand that these activities involves certain risks for physical injury. I also understand that there are potential risks of which I may not presently be aware. Because of the dangers of participating in this activity, I recognize the importance and agree to fully comply with the applicable laws, policies, rules and regulations.

Waiver of Liability and Indemnification
I hereby release from liability, waiver, discharge and covenant not to sue the Mathematical Association of America, Pearson, the District of Columbia, and any of the officers, servants, agents, or employees of the above-mentioned entities (hereinafter referred to as “Releasees”) for any liability, claim, and/or cause of action arising out of or related to any loss, damage or injury, including death, that occurs as a result of my participation in any of the Wellness Strand activities at MAA MathFest, August 5-8, 2015. I agree to indemnify and hold harmless the Releasees whether injury is caused by my negligence, the negligence of the Releasees, or the negligence of any third party.

Medical Release
If an injury or other medical condition occurs or arises, I hereby give permission to the Releasees to seek emergency treatment by authorized providers. I understand that I am financially responsible for resulting charges.

Emergency Contact

Emergency Contact’s Full Name: ____________________________________________

Relationship to Participant: ________________________________________________

Phone Number: ____________________________________________________________

I, the undersigned participant, affirm that I am at least 18 years of age and am freely signing this agreement. I have read this agreement and fully understand that by signing this form that I am giving up legal rights and/or remedies that may otherwise be available to me regarding any losses I may sustain as a result of my participation. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

Participant’s Signature: _____________________________________________________

Participant’s Full Printed Name: ____________________________________________

Participant’s Email: _________________________________________________________

Participant’s Phone: _________________________________________________________

The Wellness Strand is sponsored by: PEARSON