

Minnesota MILE
**Consent & Acknowledgment
of Risk Form**
FOR ALUMNI

(please type or print legibly)

Participant _____

Activities _____

Dates _____

Location _____

1. IN CONSIDERATION of the right to attend and participate in the Activities described above, the Participant (and, if the Participant is a minor, his or her parent or legal guardian) hereby:
2. Agrees to abide by all rules and regulations established by Minnesota MILE.
3. Authorizes MILE or any of its agents to provide, obtain, or authorize any reasonable incidental and/or emergency medical treatment for the Participant, in the event of the Participant's illness, injury, or incapacity, and hereby accepts the responsibility to pay for such treatment;
4. Grants to MILE for any purpose connected with promoting the purposes and goals of MILE, but not for commercial exploitation, the right to use the Participant's name, voice, and likeness in any writings, photographs, films, and recordings of the Participant while he or she is participating in the Activities, and any biographical information submitted by the Participant to MILE, and to use, reproduce, publish, and distribute the same;
5. Acknowledges that there is an element of risk involved in any activity involving travel outside of one's own home or community; certifies that the Participant is physically, mentally, and emotionally capable of attending and participating in the Activities; assumes all risk of and financial responsibility for any loss or injury to the Participant or others that may occur as a result of the Participant's negligence or misconduct; and indemnifies and holds MILE harmless from and against any and all costs, claims, demands, charges, liabilities, obligations, judgements, executions, costs of the suit and actual attorneys' fees incurred or suffered by MILE as a result of, or arising out of, the Participant's negligence or misconduct;
6. This Consent and Acknowledgment of risk shall not be amended, supplemented, or abrogated without the written consent of MILE's International Office in Minneapolis, Minnesota.
7. The Participant (and, if the Participant is a minor, his or her parent or legal guardian) has read this Consent and Acknowledgment of risk, and understands its contents.

Date _____

Signature of Participant

IF PARTICIPANT IS A MINOR, THE SIGNATURE OF HIS OR HER PARENT OR LEGAL GUARDIAN IS REQUIRED:

Name of Parent or Legal Guardian _____

Street Address _____

City _____ State _____ Zip Code _____

(area code) Telephone Number

Date _____

Signature of Parent or Legal Guardian