



WAIVER AND RELEASE FORM

My signature below demonstrates that I have voluntarily agreed to participate in The Face Off for Autism (“Event”) on 4/6/19 held at the Ice Line Arena in West Chester, Pennsylvania. I understand and agree that the Face Off for Autism is intended to benefit The Devereux Foundation’s Community Adult Autism Partnership Program (CAAPP) and I will not be paid or otherwise compensated for my participation in the event. I further understand and agree that ice hockey and all related activities involve strenuous physical effort, inherently dangerous activities and the risk of death, bodily injury and property damage. I hereby assume all risks relating to my participation in the Event. I acknowledge and understand these risks and agree to hold harmless, release, and indemnify The Devereux Foundation and Shinny USA, Inc. from and against any judgments, settlements and claims including, but not limited to, wrongful death, personal injury, property damage, medical expenses and other costs including but not limited to reasonable attorney’s fees.

My signature represents my agreement with the above terms:

Signature: _____ Printed Name: _____

Date: _____

Address: _____ City/Zip: _____

Email Address (Optional): _____