



SJS Walk Registration & Waiver Form August 13, 2011

Having read this waiver, I, for myself and anyone entitled to act on my behalf, including heirs and assigns, waive and relieve the Stevens Johnson Syndrome (SJS) Foundation (Julie Foundation for Allergic Drug Reactions), corporate sponsors, cooperating organizations and the city of Arvada and any other parties connected with this event in any way together with their respective successors and assigns from all claims or liabilities of any kind arising out of my participation in the SJS Walk (the "Event") even though such claim or liability may arise out of the negligence or carelessness on the part of any person named in this waiver. If I do not follow the rules of the Event, I understand that I may be removed from the Event. I consent to receive medical treatment which may be deemed advisable in the event of injury or illness during the Event. I give my permission to the SJS Foundation to use my name, any photographs, or any other media including video or any other audio format on the SJS Foundation Web site during the course of this event.

Name: _____

Address: _____

City/State/Zip: _____

Donation amount _____ checks payable to SJS Foundation

Walk Site: Lake Arbor Park, Arvada Colorado

Participant Signature: _____

Parent/Guardian Signature if under 18: _____

Date: _____