



DiaBuddies Mentor Program Waiver

Participant Name: _____

Name of Parents or Legal Guardian: _____
(if applicable)

The undersigned participant (hereinafter “Participant” or “I”), by and through his or her parent or legal guardian (where applicable) hereby agrees, for and in consideration of his or her participation with and inclusion in Diabuddies and the Juvenile Diabetes Research Foundation (“JDRF”) (hereinafter referred to collectively as “the Programs”) to hold harmless and to waive all claims against the Programs, their officers, members, advisors, and volunteers (hereinafter the “affiliates”), from any personal injury (including death), loss, or damage to property (including theft), and hereby releases the Programs and their affiliates from any and all liability related in any way to his or her participation in any events involving, related to, sponsored, and/or organized by the Programs and/or their affiliates.

I hereby represent and warrant that I understand that neither Diabuddies, JDRF, nor any of their affiliates is a physician or other medical professional, and I do not rely on any of them for any medical advice or treatment of any kind, including, but not limited to the provision of emergency medical aid. For medical advice and treatment, I hereby agree to rely solely on the advice of a physician of my own choosing.

Furthermore, I agree to indemnify, protect and hold harmless Diabuddies, JDRF, and their affiliates (collectively and individually) from and against all claims, damages, liabilities, losses and expenses, including but not limited to, attorneys’ fees in whole or in part arising out of, resulting from, or in connection with the undersigned participant’s participation in any activities of the Programs, even if such claim, damage, liability, loss or expense should arise from the negligence of Diabuddies, JDRF, their affiliates, or a combination thereof.

I HEREBY ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND THAT I FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY AND THAT BY SIGNING THIS WAIVER AND RELEASE I WAIVE ANY RIGHT THAT I MAY HAVE TO BRING A LEGAL ACTION TO ASSERT A CLAIM AGAINST THE PROGRAMS OR THEIR AFFILIATES.

Parent or guardian must sign if participant is under 18 years of age.

(Date)

(Participant Signature)

(Date)

(Parent/Legal Guardian Signature, if applicable)

Email to: jwilke@jdrf.org or mail to:
JDRF San Diego Chapter
5665 Oberlin Drive Suite 106
San Diego, CA 92121