



Spin 4 Life

Liability Release and Waiver

For and in consideration of the right to participate in the Spin 4 Life event, the undersigned does hereby release, absolve and hold harmless Davidson County Community College and Carolina Cancer Services Lexington, NC, their sponsors, heirs, successors, assigns, volunteers, agents, and personnel from any and all actions, cause of action, liability or responsibility what so ever, or any injury, harm, loss or inconvenience suffered or incurred by the undersigned during or as a result of taking part in the Spin 4 Life.

The undersigned understands and agrees that the sponsors make no warranties what so ever and are not responsible for one's safety during Spin 4 Life, or while traveling to and from the Spin 4 Life.

I, _____, have fully read, understand and agree to all terms contained herein and so signify by signing and dating below.

_____ Date _____

Signed

Email address: _____

If applicant is under 18 years of age, a parent or guardian must read and agree to the above conditions and is consenting to entrants participation. If agreeable, he or she must sign and date above.

EMERGENCY CONTACT INFORMATION:

Name: _____

Phone#: _____

Alternate Phone#: _____

Relationship: _____