FRONTLINE COMMUNITY SERVICES, INC./VET 22
RUN/RIDE MEDIA AND MEDICAL WAIVER

DATE _____

NAME_____ DATE OF BIRTH_____
(Please Print)

WAIVER OF LIABILITY

This agreement officially excludes the Frontline Community Services, Inc./VET 22 Suicide Prevention Run/Ride Program (FRONTLINE), and all subsidiaries of FRONTLINE of any liabilities resulting from any accidents or injuries resulting from my participation in any event itself, and travel to and from any events or enrichment outings and activities.

Furthermore, it is understood that any medical expenses incurred due to any FRONTLINE activity or event, or social is the sole responsibility of the participant in the event. This is inclusive of pre-existing conditions, which may become aggravated due to my participation in the event.

It is also understood that no legal action will be brought against FRONTLINE or any subsidiaries or authorized personnel by me because of any matter related directly to my participation in any fundraising event, social event, or any event held.

MEDIA WAIVER: PICTURES, VIDEO, TELEVISION, ETC.

I do hereby give consent to have my likeness photographed and/or videotaped by the Frontline Community Services, Inc./VET 22 Suicide Prevention Run/Ride Program (FRONTLINE), and/or photographers, videographers, television/motion pictures, magazines, newspapers, and other media at FRONTLINE events and events of its Clients to be used for the purpose of public relations, promotional materials (fliers, website, social media, newsletters, posters, etc.), advertising for new recruitment, and/or fundraisers (picture packages including group shots).

EMERGENCY MEDIAL RELEASE

I do hereby give consent for the medical treatment of myself by a qualified person in the case of emergency. I understand that I will be notified as soon as possible should the need for medical treatment arise. I also understand that this includes medical treatment deemed necessary by a qualified person for either injury or illness. I also understand that the purpose of this release is to speed up any treatment that may be needed and does not supersede my right to be informed as soon as I can be contacted should I need medical treatment.

By signing your name, you are stating that you have read and fully understand the above Statements.

Participant's Signature_____ Date_____