



PHILIPPINE NURSES ASSOCIATION OF AMERICA FOUNDATION
PHILIPPINE NURSES OF NEW YORK, INCORPORATED



WAIVER AND LIABILITY RELEASE FORM and PHOTO RELEASE
PLEASE READ CAREFULLY BEFORE SIGNING

I, _____ hereby consent that I am fully informed of the potential hazards and risks associated with the activity/ties I am about to participate, (5K Walk, Zumba) being held in New York City, New York on July 9, 2022..The risk of harm include but are not limited to, minor or major injuries, exposure to uncontrolled temperature and weather, and permanent disability and death. I understand these risks, and do hereby waive, release, absolve, indemnify, and hold harmless PNAAF and-PNANY, Inc., or any of its personnel, sponsors, officers, directors, advertisers, volunteers, participants, members, owners, or administrators of the premises in which the activity takes place, for any claim arising out of injury to the participants that may occur at any time during the mentioned activity that PNAAF and-PNANY, Inc. organized.

I hereby expressly assume all risk of injury and damage and release the State of New York, New York State Department of Transportation and any municipality through which this event passes, from all liability and claims of whatever nature or cause which may occur as a result of my participation in this 5 K Walk and Zumba.

I further acknowledge that “No person or entity shall have the right to bring an action against the State or municipality or any person employed by the State or municipality who was acting within the scope of his authority, for damages resulting from or in connection with the 5K Walk or Zumba.

In an emergency, I grant permission to PNAAF and PNANY, Inc. and its personnel, to have authority, at my expense, to authorize medical treatment. I declare to the best of my knowledge that I am in good physical condition and have no diseases or injuries that would be aggravated by my participation in activities related to the PNAAF and-PNANY, Inc. 5K Walk and Zumba.

I hereby give PNAAF and PNANY the unrestricted right and permission to copyright and re-use, publish, and republish photographic portraits and pictures of me or pictures in which I may be included, in whole or in part, separately or in conjunction with other photographs, in any medium now or hereafter known, and for any purpose whatsoever, including but not limited to illustration, art, promotion, or advertising.

I have read and fully understand the above statements

_____ Printed Name of Participant/Contestant

_____ Emergency Contact and Phone number

_____ Address

_____ Signature of Participant/Contestant

_____ Date

If Participant/contestant is a minor (less than 18 years of age), a parent or legal guardian must also sign:

_____ Printed Name of Parent/Legal Guardian

_____ Emergency Contact and Phone number

_____ Relationship to Participant/Contestant

_____ Signature of Parent/Legal Guardian

_____ Date