



Alumni Retreat Weekend

WAIVER FORM– NEW REGISTRATION

All participants must be 21 years or older.

Name (please print): _____

Address: _____

Phone: _____ Email: _____

CLAIMS RELEASE: I am attending all or a portion of the Alumni Retreat Weekend Oct 4-6th 2024. I agree to assume all responsibility for all risk, damage, or injury that may occur to me as a participant in this event. In consideration of being accepted as an entrant, I hereby, for my heirs, executors, and administrators, release and discharge The Barton Center for Diabetes Education, Inc., staff, volunteers, and all sponsors associated with The Barton Center for Diabetes Education, Inc. from all claims, damages, rights of action present and future, whether the same be known, unanticipated, resulting from or arising out of, or incident to, my participation in this event. I also grant permission for the use of my name and/or picture in any broadcast, photograph, or other account of this event.

SIGNATURE: _____

DATE: _____