



SHRI SHIRDI SAI MANDIR

5999 New Wilke Road, Building 3, Suite # 309, Rolling Meadows, IL-60008

630-216-9724 www.shrishirdisaimadir.com



PANGUNI UTHIRAM NADAI PAYANAM 2025 PARTICIPANT RELEASE AND WAIVER OF LIABILITY

I _____ on behalf of myself (or if under 18 years of age, as Participant's parent/ legal guardian) (together with any heir, executor, administrator, successor, representative or assign, collectively shall be referred to as "I" herein) in consideration of me being permitted to participate in the **PANGUNI UTHIRAM NADAI PAYANAM 2025 (hereinafter "Walk")**, organized by **SHRI SHIRDI SAI MANDIR, 5999 New Wilke Road, Building #3, Suite #309, Rolling Meadows - IL**, a not for profit organization is operated exclusively for religious purposes within the meaning of Internal Revenue Code §501(c)(3), (individually and collectively, together with each of their respective affiliates, directors, officers, employees, partners, sponsors, volunteers, contractors, agents, successors and assigns, hereinafter the "Organizer(s)"] here by certify, warrant and agree that I am:

1. FREE OF ANY MENTAL/ PHYSICAL CONDITION, AILMENT OR INJURY (MEDICAL OR OTHERWISE) WHICH WOULD, IN AND OF ITSELF OR IN CONJUNCTION WITH ANY OTHER CIRCUMSTANCE, INCLUDING THOSE ACTIVITIES ASSOCIATED WITH THE WALK, (i) IMPAIR, PREVENT OR PROHIBIT ME FROM ENGAGING IN THE WALK OR (ii) BE AFFECTED, AGGRAVATED OR WORSENER AS A RESULT, DIRECTLY OR INDIRECTLY, OF MY INVOLVEMENT IN THE WALK;
2. OF SOUND MIND AND BODY, AND NOT UNDER THE INFLUENCE OF ALCOHOL OR ANY ILLICIT OR PRESCRIPTION DRUG/ MEDICATION WHICH MAY IMPAIR MY ABILITY TO ENTER INTO AND FULLY UNDERSTAND THE INTENT AND MEANING OF THE TERMS AND PROVISIONS HEREIN OR TO PARTICIPATE IN THE WALK;
3. PARTICIPATING IN THE WALK VOLUNTARILY BY MY OWN FREE WILL, WITHOUT INFLUENCE FROM ANY THIRD PARTY. I AGREE THE WALK MAY BE STRENUOUS OR POTENTIALLY HAZARDOUS INVOLVING RISK OR DANGER OF ACCIDENTS CAUSED BY, INCLUDING BUT NOT LIMITED TO, UNEVEN TERRAIN, WEATHER, CONDITION OF PARTICIPANTS, EQUIPMENT, VEHICULAR TRAFFIC, ACTIONS OF OTHER PERSONS INCLUDING PARTICIPANTS, VOLUNTEERS, SPECTATORS, EVENT MONITORS OR LACK OF HYDRATION.

IT IS MY RESPONSIBILITY TO DETERMINE IF I AM FIT ENOUGH TO PARTICIPATE IN THE WALK. I ASSUME ALL RISKS AND DANGERS KNOWN/UNKNOWN, FORESEEN/UNFORESEEN, RELATING OR INCIDENTAL TO MY PARTICIPATION IN THE WALK, AND HEREBY RELEASE, DISCHARGE AND HOLD HARMLESS ORGANIZERS FROM ANY AND ALL DAMAGES, LIABILITIES, COSTS AND EXPENSES, WHETHER KNOWN/UNKNOWN, INCLUDING, BUT NOT LIMITED TO, PERSONAL INJURY, BODILY INJURY, ILLNESS, DEATH, OR PROPERTY DAMAGE ARISING OUT OF OR RELATING TO MY PARTICIPATION IN THE WALK.

I agree: (1) that by participating in the walk, I will never institute any suit or action at law or otherwise against Organizers or aid in the institution or prosecution of any claim, demand, action or cause of action for damages, costs, loss of services, expenses or compensation for or on account of any damage, loss or injury either to my person and/or property as a result of my participation in the Walk; (2) to defend and hold Organizers harmless from loss or damages, including attorneys' fees and costs, sustained by any Organizer, as a result of my rescission of this Agreement or breach of covenants or agreements contained herein; (3) any Walk entry fees and/or donations are non-refundable, even if Walk is canceled.



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MEDICAL TREATMENT AND INSURANCE. I agree that during the Walk, Organizers are authorized to secure appropriate medical attention for me or my minor child in the event of an accident, illness or injury. I agree to hereby release and forever discharge Organizers from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my participation in the Walk.

I acknowledge that I am responsible for my own insurance coverage (including any minor child(ren) and/or other dependent(s) residing with me) in the event of personal injury or illness as a result of my participation in the Walk. I am responsible for any costs of medical coverage/treatment not covered by insurance for me, my minor child(ren) and other dependents residing with me.

I hereby certify that all information provided in registration is true, accurate and complete. If I am registering a child under the age of 18, or an dependent adult, I represent and warrant that I am the parent or legal guardian of that party and have the legal authority to enter into this agreement on their behalf and I agree that the terms of this Agreement and Waiver shall apply equally to the registered participant listed below.

BY PARTICIPATING IN THE WALK, I AM AFFIRMING THAT I HAVE READ AND UNDERSTOOD THE WAIVER AND ITS TERMS. I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS, INCLUDING THE RIGHT TO SUE. I ACKNOWLEDGE THAT I AM SIGNING THIS WAIVER FREELY AND VOLUNTARILY AND INTEND BY MY PARTICIPATION TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW. ORGANIZERS MAY RELY UPON THIS WAIVER AND RELEASE OF LIABILITY TO THE FULLEST EXTENT PERMISSIBLE AT LAW OR IN EQUITY.

Participant Signature: _____

Date: _____

Participant Name: _____