



**American
Foundation
for Suicide
Prevention**

WAIVER AND RELEASE

1. I, the undersigned, acknowledge that participating in the American Foundation for Suicide Prevention's Out of the Darkness Walks may be a potentially hazardous activity and that I should not enter and participate in any manner unless I am medically and physically able. I further agree that if at any time I believe conditions or equipment to be unsafe, I will immediately cease participation and will promptly notify a representative of the American Foundation for Suicide Prevention (AFSP) of such unsafe conditions or equipment. I further attest and verify that I am in good health and able to participate in this activity. In the event that I am unable to consent on my own because of an injury or illness, I consent to and authorize the American Foundation for Suicide Prevention and its representatives to obtain emergency medical treatment for me in case of any illness or injury resulting from or occurring during my participation in the class. I understand and accept that any medical costs incurred with respect to emergency medical treatment will be my responsibility.
2. For any and all injury, death, illness, property damage, or any loss suffered or sustained by me which is in any way associated with my volunteering in, travel to and from, or other activity associated with the American Foundation for Suicide Prevention and the Out of the Darkness Walks, I do hereby, for myself, my heirs, assigns, next of kin, personal representatives, administrators, and executors, forever covenant not to sue and waive, release, and/or discharge any and all rights and claims for any expenses, damages, or other losses which I may have or which may hereinafter accrue against the American Foundation for Suicide Prevention and/or its representatives, officers, directors, employees, agents, sponsors, successors, assigns (the "Releases"), whether caused by the negligence of the Releases or otherwise. I agree to abide by all participant rules and policies adopted by the American Foundation for Suicide Prevention.
3. I understand that an inherent risk of exposure to COVID-19 exists in any place where people gather. COVID-19 is an extremely contagious disease that can lead to severe illness and death. I assume all risks, hazards, and dangers arising from or relating in any way to the risk of contracting a communicable disease or



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illness—including, without limitation, exposure to COVID-19 or any other bacteria, virus, or other pathogen capable of causing a communicable disease or illness, whether that exposure occurs before, during, or after the event, and regardless of how caused or contracted—and you hereby waive any and all claims and potential claims against the American Foundation for Suicide Prevention (AFSP), Out of the Darkness Event Venue, and Event Organizers, — and against any companies affiliated with AFSP or the Event Organizer—relating to such risks, hazards, and dangers.

4. I assume all risks associated with my participation in the class, including injuries to person and property, or death, whether caused by negligence or otherwise.
5. I also grant full permission for the free use of my name, picture, and voice in any broadcast, telecast, print account or any account in any medium used in connection with this event or future events of the American Foundation for Suicide Prevention.
6. I have read and agree to the [Terms of Use](#) and [Privacy Policy](#).
7. If under the age of 18, a parent or legal guardian must read and agree to the terms of the waiver and release.