



Event: Women's Retreat
Date: November 4th and 5th, 2017
Location: La Posada Lodge and Casitas

PARTICIPANT RELEASE FORM

The Lupus Foundation of Southern Arizona (LFSA) is pleased to have you join our Women's Retreat. At the retreat, you may have the opportunity to participate in a variety of activities that include, but are not limited to, walking, hiking, swimming, fitness workouts and games. Recreational activities carry an above-normal risk of personal injury. There are no lifeguards at the pools and the grounds are unsupervised.

The purpose of this assumption of risk statement is to inform you of the inherent risks of recreational activities. **Accordingly, LFSA guest releases, discharges and agrees to hold harmless and indemnify The Lupus Foundation of Southern Arizona, Inc.'s staff and board of directors, from any and all claims, actions and causes of action of every kind and nature whatsoever.**

I acknowledge and release LFSA, its Board Members and Directors, and Staff of all responsibility, and indemnify and hold LFSA harmless of any claims, actions and causes of action of every kind and nature whatsoever at and during the Retreat.

I ALSO ACKNOWLEDGE AND ALLOW LFSA TO USE ANY VIDEO FOOTAGE, PHOTOS, AND THE LIKE, FOR MARKETING AND PROMOTIONAL PURPOSES.

Signature _____

Date _____

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| Retreat Attendee Name (Lupus Patient): | |
| Phone Number: | |
| Email Address: | |
| Emergency Contact Name: | |
| Emergency Contact Phone Number: | |