



Ronald McDonald  
House Charities®  
San Diego

# Red Shoe Day-IV!

Benefiting Ronald McDonald House Charities® of San Diego

**Thursday, October 17, 7:00am to 10:00am**

Please print all information exactly as it should appear in printed materials and all other recognition.

Full Name: \_\_\_\_\_

Intersection: \_\_\_\_\_ Group Name: \_\_\_\_\_

Address, City, State & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

T-Shirt Size (circle one): XS S M L XL XXL XXXL XXXXL

I read the safety waiver (initial): \_\_\_\_\_ I read the safety information (initial): \_\_\_\_\_

**If you'd like  
to make a  
donation to  
RSD-IV**

## Payment Information

☐ Enclosed is a check made out to RMHC-SD for: \$ \_\_\_\_\_

☐ Please send an invoice for: \$ \_\_\_\_\_

☐ Please charge my: ☐ AMEX ☐ Discover ☐ MasterCard ☐ Visa

Amount of \$: \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

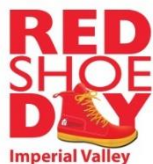
Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Billing Address, City, State, Zip (if different from above):  
\_\_\_\_\_  
\_\_\_\_\_

## Please Return Completed Forms to:

Allegra Sonza- 2929 Children's Way, San Diego, CA 92123 • Fax: 858-467-4757 • Phone: 858-598-2417



**Thank you for  
your support!**



**Ronald McDonald House Charities® of San Diego**  
**Voluntary Release and Waiver of Liability**

**Group Name:** \_\_\_\_\_

Event: Red Shoe Day Imperial Valley  
Location: Various intersections in Imperial County

Date: Thursday, October 17, 2019

In consideration of my or my minor child's ("Minor") participation in the "Red Shoe Day Imperial Valley" event (hereinafter, "EVENT") sponsored and/or conducted by *Ronald McDonald House Charities of San Diego, Inc.* ("RMHC-SD") and their respective officers, directors, employees and agents (hereinafter, the "RELEASED PARTIES") I agree as follows, and with the understanding that "Participant" shall refer to the adult or Minor participating in the EVENT:

1. I know the nature of the EVENT and the Participant's experience and capabilities, and believe the Participant to be qualified to participate, in the EVENT or enter into restricted areas where the EVENT is conducted. IF I OR THE PARTICIPANT BELIEVE ANYTHING IS UNSAFE, THE PARTICIPANT WILL IMMEDIATELY CEASE OR REFUSE TO PARTICIPATE FURTHER IN THE EVENT AND/OR LEAVE THE RESTRICTED AREA.
2. I and Participant FULLY UNDERSTAND that: (a) THE ACTIVITIES OF THE EVENT MAY BE DANGEROUS and participation in the EVENT and/or entry into restricted areas may involve RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by the Participant's own actions or inactions, the actions or inactions of others participating in the EVENT, the rules of the EVENT, the condition and layout of the premises and equipment, or THE NEGLIGENCE OF THE "RELEASED PARTIES" in performing their chapter duties : (c) there may be OTHER RISKS NOT KNOWN TO ME OR PARTICIPANT or that are not readily foreseeable at this time; (d) THE SOCIAL AND ECONOMIC LOSSES and/or damages that could result from those Risks COULD BE SEVERE AND COULD PERMANENTLY CHANGE THE PARTICIPANT'S FUTURE.
3. I consent to the Participant's participation in the EVENT and/or entry into restricted areas and HEREBY ACCEPT AND ASSUME ALL SUCH RISKS, KNOWN AND UNKNOWN, AND ASSUME ALL RESPONSIBILITY FOR THE LOSSES, COSTS AND OR DAMAGES FOLLOWING SUCH INJURY, DISABILITY, OR DEATH, EVEN IF CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OF THE "RELEASED PARTIES."
4. I HEREBY RELEASE, DISCHARGE AND COVENANT NOT TO SUE the "RELEASED PARTIES" sponsors, advertisers, owners and lessors of the premises used to conduct the EVENT, FROM ALL LIABILITY TO ME, PARTICIPANT, my and the Participant's personal representatives, assigns, heirs, and next of kin FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON ACCOUNT OF ANY INJURY, including, but not limited to, death or damage to property, CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASED PARTIES."
5. If, despite, this release, I, the Participant or anyone on mine or the Participant's behalf makes a claim against any of the "RELEASED PARTIES" named above, I AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS THE "RELEASED PARTIES" and each of them from ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS, LIABILITY, DAMAGE, OR COST THEY MAY INCUR DUE TO THE CLAIM MADE AGAINST ANY OF THE "RELEASED PARTIES" NAMED ABOVE, ASSERTING NEGLIGENCE ON THE PART OF THE "RELEASED PARTIES."
6. I understand that Participant may be included in media shots taken by RMHC-SD. I hereby authorize and consent that RMHC-SD shall have the absolute right to copyright, publish, use or assign any and all photographic portraits, pictures or video images, or audio (collectively "media"), or any part thereof, taken of Participant. I understand that I or Participant do not own or claim any rights to such media, and I release RMHC-SD from any and all claims, liability or obligation.
7. I sign this agreement on my own behalf and on behalf of the Minor, if Participant is a minor. I HAVE READ THIS CONSENT, RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, UNDERSTAND THAT BY SIGNING IT I GIVE UP SUBSTANTIAL RIGHTS I AND THE MINOR WOULD OTHERWISE HAVE TO RECOVER DAMAGES FOR LOSSES OCCASIONED BY THE "RELEASED PARTIES" FAULT, AND SIGN IT VOLUNTARILY AND WITHOUT INDUCEMENT.
8. If signing this CONSENT, RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT on behalf of the Minor Participant, I understand and acknowledge that I am lawfully authorized to sign on behalf of said Minor as his/her parent or legal guardian.

***THIS IS A RELEASE FORM. PLEASE READ BEFORE SIGNING.***

Participant (printed): \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian if Participant is under the age of 18

\_\_\_\_\_  
Printed Name of Parent or Guardian

Please Select: ☐ Group Participant ☐ Individual Participant

Intersection: \_\_\_\_\_