



WAIVER AND RELEASE

I am at least 14 years or older. Minors 14 to 17 years of age must be accompanied by a parent or legal guardian to participate in the 6-12 mile walk.

I, and/or my family, understand my execution of this Waiver is a prerequisite to my and/or my family's participation in all activities related to Breast Friends's You've Been Pinked 6-12 mile walk and family event, including, but not limited to, (a) a walk of between approximately 6 to 12 miles occurring August 28, 2010 in the Atlanta metropolitan area and (b) all training programs, volunteering, orientations, workshops and fundraising throughout the year (2010) related to the foregoing walk and family event (collectively, the "Event"). I, and/or my family, further understand that there may be risks and dangers, including serious bodily injury or death, associated with my, and/or my family's participation in the Event. The Event is being sponsored by Breast Friends, Inc., a Georgia nonprofit corporation that has been recognized as exempt from taxation under sections 501(c)(3) of the Internal Revenue Code.

I, and/or my family is physically capable of completing this event or other activities. If I, and/or my family, am under treatment for any physical infirmity, ailment or illness, my medical care provider and/or my family's medical care provider knows of and has approved of my, and/or my family's participation in this event or other activities. I, and/or my family, will maintain personal health insurance while participating in the event or other activities. I, and/or my family, acknowledge that I, and/or my family, are solely responsible for my and/or my family's personal health and safety, and the personal property I, and/or my family, bring to the Event. I, and/or my family, will read the Event description and rules for participation in the Event and I, and/or my family, will abide by all rules and regulations established by the Event organizers and personnel as well as the local vehicle code. I, and/or my family, further agree that my and/or my family's participation in the Event is subject to the sole discretion of the organizers and Medical Director of the Event, and that my, and/or my family's participation may be limited for medical or other safety-related reasons.

IN CONSIDERATION FOR BEING PERMITTED TO PARTICIPATE IN THE EVENT, I, AND/OR MY FAMILY, AGREE TO ALL RISKS AND HOLD HARMLESS AND COVENANT NOT TO SUE BREAST FRIENDS, INC., OR PAINT GEORIGIA PINK, INC, (the event coordinators) OR ANY DESIGNATED BENEFICIARIES, SPONSORS, OFFICIALS, PARTICIPATING CLUBS AND COMMUNITIES, ORGANIZATIONS, FRIENDS OF THE EVENT, INCLUDING THE EVENT MEDICAL TEAM AND ASSOCIATED AFFILIATES, DIVISIONS, ASSIGNS, SUCCESSORS, IN INTEREST, AGENTS, SERVANTS, EMPLOYEES, VOLUNTEERS, OFFICERS, TRUSTEES, DIRECTORS, CONTRACTORS, VENDORS, PAST AND PRESENT (AND THEIR AGENTS), INCLUDING, BUT NOT LIMITED TO, EVENT LEADERS, AND ALL GOVERNMENT AND PUBLIC ENTITIES INCLUDING, BUT NOT LIMITED TO, THE STATE COUNTY, AND LOCAL MUNICIPALITIES WHEREVER ANY PART OF THE EVENT TAKES PLACE (COLLECTIVELY THE "RELEASED PARTIES").

I, and/or my family, understand and agree that this release will have the effect of releasing, discharging, waiving, and forever relinquishing any and all actions or causes of action that I, and/or my family, may have or have had on my, and/or my family's own behalf, or of my, and/or my family's survivors, heirs and estate, whether past, present or future, whether known or unknown, and whether anticipated or unanticipated by me, and/or my family, arising out of my, and/or my family's participation in the Event or other activities. This release constitutes a complete release, discharge and waiver of any and all actions or causes of actions against the Released Parties.

I, and/or my family, understand and agree that this release applies to bodily injury, property damage, or wrongful death that I, and/or my family, may suffer, even if caused by the negligent actions or omissions of one or more Released Parties. I, and/or my family, understand that by agreeing to this release that I, and/or my family, am assuming full responsibility for any and all risks of bodily injury, property damage, or wrongful death suffered by me, and/or my family, while participating in the Event or other activities. I, and/or my family, understand and agree that this release will be binding on my, and/or my family's, heirs, my, and/or my family's, personal representatives, and my, and/or my family's assigns.

I, and/or my family, agree to allow Breast Friends, Inc., and its contractors, vendors, agencies and sponsors to use my, and/or my family's name and likeness in connection with the Event or other activities for any purpose related to the advertising or promotion of the Event or other activities and any similar future event, worldwide in perpetuity in all forms of media now and forever known.

Should any portion of this Waiver be judicially determined invalid, void able or unenforceable, for any reason, such portion of this Waiver shall be severable from the remaining portions herein and the invalidity, void ability, or unenforceability thereof shall not affect the validity, effect, enforceability, or interpretation of the remaining provision of this Waiver.

I, and/or my family, have carefully read this Waiver and fully understand its content and am aware that this is a release of liability and I, and/or my family, agree of my, and/or my family's own free will.

Signature: _____ Date: _____

Print Name: _____ Phone Number: _____

Street Address: _____ City: _____ State: _____ Zip: _____