

TUCSON CANCER CONQUERORS, INC.

This Assumption of Risk and Waiver of Liability is for participation in Tucson Cancer Conquerors, Inc. (TCC) activities, programs and events. **Participation in TCC fitness activities is for adults only (age 18 and older).**

Date: _____	Please check one: Survivor _____	Buddy _____
Name: _____	Birthdate: _____	
Address: _____		
City: _____	State: _____	Zip: _____
Daytime Phone: _____	Email: _____	
Evening Phone: _____	Allergies: _____	
Emergency Contact: _____	Phone: _____	
Briefly describe your current fitness activities, exercises, sports, interests and health goals:		

Assumption of Risk and Waiver of Liability

In consideration of being allowed to participate in Tucson Cancer Conquerors, Inc. (TCC) activities, programs or events, I, on behalf of myself and my heirs, executors or assigns hereby release and discharge TCC, Pima County, and its officers, directors, employees, representatives and volunteers from any and all claims, demands, rights of course of action, injuries or damages resulting from or arising out of incident of my participation in any TCC activities, programs or events.

I understand that I participate in activities, programs and events of TCC at my own risk and that TCC, Pima County, and its officers, directors, employees, representatives and volunteers and all others shall not be liable for any injuries or damages to me, or my property, or be subject to any claim, demand, injury or damages whatsoever.

I am aware and understand that the activities, programs and events of TCC including strength, flexibility, aerobic exercise and use of equipment are potentially hazardous activities. I understand that fitness activities involve a risk of injury and even death, and I participate in these activities voluntarily, with the knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury and death.

I hereby further declare that I am not suffering from a condition, impairment, disease, infirmity, or illness that would prevent my participation in TCC activities, programs and events, or use of equipment, except as herein stated. I acknowledge the recommendation to have annual or more frequent physical examinations and consultations with my physician as to exercise, physical activity and use of related equipment. I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or, I have decided to participate in TCC activities without the consent of or consultation with my physician, and I hereby assume all responsibility for my participation in all activities, programs and events of TCC and use of equipment.

Signature: _____ Date: _____

Photo Opt-Out

Tucson Cancer Conquerors, Inc. (TCC) representatives take photographs, videos and/or digital images that will be used in TCC promotional materials, including printed or electronic publications, websites or other electronic communications. There is no compensation for the use of images. All images, negatives, and digital reproductions shall be the property of TCC. **Individuals who wish to Opt-Out are responsible for removing themselves from areas in which photography and/or recording is taking place, or notifying the camera operator of their opt-out status.** Failure to do so may result in that individual's inclusion in a photograph and/or recording and will be treated as consent for TCC to utilize photos accordingly.

I wish to opt-out: Signature: _____ Date: _____

Privacy Statement

Tucson Cancer Conquerors, Inc. (TCC) is committed to keeping your personal information, e-mail, phone number and address confidential. We do not sell, rent, or lease any data or lists to third parties. We will not provide this information to any third party, government agency, or company at any time unless compelled to do so by law. We cannot be responsible for the control of data outside of the limit of our systems but we do ask that any persons that are party to information or data related to TCC, and its members, also maintain these privacy safeguards.

Signature: _____ Date: _____