If you are planning to attend in person events, MDAC is requiring a Participant Waiver and Covid Release and a Medical Consent form for all in person MDAC events this coming year. MDAC is also asking for an optional media release form to honor a member’s wishes regarding photo’s taken at the event. The waiver forms can be submitted three different ways:

1. Please fill out, save to your computer and email the filled-out form and electronically signed waivers to [lmedgar@comcast.net](mailto:lmedgar@comcast.net).
2. Mail the completed forms to Lisa Edgar-Dickman 2451 Palmira Pl. San Ramon, CA 94583.
3. Fill out the forms before participating in your first in person event. For the first few in person events some paper waiver forms will be available.

MT. DIABLO ALUMNAE CHAPTER OF DELTA DELTA DELTA

PARTICIPANT WAIVER AND COVID RELEASE

(Required for all in-person events.)

I,       (type in name) or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (write in name), acknowledge that I have voluntarily applied to participate in Mt. Diablo Alumnae Chapter of Delta Delta Delta (herein after MDAC) events for the 2021-2022 membership year. I certify that I have not been advised *not* to participate in these events or similar events by a qualified medical professional. I further acknowledge and agree to on my own behalf, on behalf of my personal representatives, heirs, assigns, executors, administrators and next of kin as follows:

I, the undersigned understand that by participating in MDAC events, I am declaring that I am feeling well and am suffering no symptoms of Covid-19, including but not limited to fever, cough, shortness of breath and whether or not I am exhibiting symptoms, I will follow the guidelines set by the organizers of the event, the county of where the event is held and State of California. I am aware that while participating in an event, I may come into contact with other individuals which may increase the opportunity to come into contact with Covid-19 or other communicable disease.

Upon entering the premises and facilities of an MDAC sponsored event, I will inspect the same and my observation and use of said premises and facilities shall constitute an acknowledgement that I find and accept them to be safe and reasonably suited for their intended purpose.

I acknowledge that the MDAC is not responsible to provide transportation to or from any MDAC event. I further acknowledge that the fraternity does not verify the insurance coverage or license of the driver of any member or any other person who voluntarily provides transportation to or from an MDAC event and MDAC shall have no responsibility for any risk associated with my travel to or from event activities.

I hereby release the MT. DIABLIO ALUMNAE CHAPTER OF DELTA, DELTA, DELTA and its officers, advisors, volunteers, employees and governing board from and against any and all liability for any loss, damage, injury, expense, demand or cause of action that I may suffer whether with respect to personal injury, death, damage to or destruction of personal property, theft, or otherwise which may arise as a result of my presence in, upon or about the premises and as a consequence of my participation in these events or use of the facilities and equipment.

I acknowledge that MDAC is not responsible for errors, omissions, acts or failures to act of any part of any entity conducting a specific activity held on their behalf.

I DECLARE I HAVE READ THIS PARTICIPANT WAIVER AND RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

By signing this document, I certify that the information is true and correct, and I am authorized by California Law to sign:

      (use box to type)       (use box to type)       (use box to type)

or lines to write in

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participate Signature\* Date Participant’s Name

\*If submitting electronically, type in your name.

MEDIA RELEASE FORM

(Optional)

I,      (type in name) or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (write in name), grant permission to the Mt. Diablo Alumnae Chapter of Delta Delta Delta (herein after MDAC) for the 2021-2022 membership year to use my image (i.e. photographs, videos) in email blasts, recruiting brochures, newsletters, magazines, general publications and website and social media for any legitimate purpose by the MDAC.

I hereby waive any right to inspect or approve the finished photographs or electronic images that may be used now or in the future. I understand this release waive any royalties or other compensation.

I declare that I am over 21 years of age, I have read the above Media Release and understand its contents.

By signing this document, I certify that the information is true and correct, and I am authorized by California Law to sign:

      (use box to type)       (use box to type)       (use box to type)

or lines to write in

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participate Signature\* Date Participant’s Name

\*If submitting electronically, type in your name.

MEDICAL CONSENT

(Required for all In-person events.)

In the event that I am injured at Mt. Diablo Alumnae Chapter of Delta Delta Delta (herein after MDAC) events for the 2021-2022 membership year. I hereby consent to receive medial treatment which maybe advisable if I am injured, have an accident, or become ill during the activity. I am providing my emergency contact and choice of hospital below.

I declare that I am over 21 years of age, I have read the above Medical Consent and understand its contents.

**Emergency contact name:**  (type in name) or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (write in name

**Emergency contact phone number:**       (type in number) or

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (write in number)

**Preferred Hospital:**       (type in name) or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (write in name)

By signing these documents, I certify that the information is true and correct, and I am authorized by California Law to sign:

      (use box to type)       (use box to type)       (use box to type)

or lines to write in

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participate Signature\* Date Participant’s Name

\*If submitting electronically, type in your name.