ASDA CHAPTER
PARTICIPATION AGREEMENT

To participate in the event named below, each participant must agree that:

• He/she is participating at his/her own risk.

• He/she agrees to waive, release and indemnify the ASDA chapter named below and its leaders, members and affiliates, including the American Student Dental Association, from and against any claims, expenses, or damages arising from his/her participation.

AGREED:

________________________________________
Signature of Participant

Date: _________________________________

Name of Chapter: __________________________

Event: _________________________________

Date of Event: __________________________