



Little Italy Walking Tour Participant Liability Waiver

Tour Date: _____

NAME _____	Adult	<input type="checkbox"/>	Minor	<input type="checkbox"/>
NAME _____	Adult	<input type="checkbox"/>	Minor	<input type="checkbox"/>
NAME _____	Adult	<input type="checkbox"/>	Minor	<input type="checkbox"/>
NAME _____	Adult	<input type="checkbox"/>	Minor	<input type="checkbox"/>
NAME _____	Adult	<input type="checkbox"/>	Minor	<input type="checkbox"/>
NAME _____	Adult	<input type="checkbox"/>	Minor	<input type="checkbox"/>

By purchasing tickets and/or participating in the Little Italy Walking Tour ("Tour") offered by Convivio, and in consideration for being allowed to participate in the Tour, I agree to each of the following provisions of this waiver for myself and my minor children listed above:

Voluntary Participation

I understand and confirm that participation in the Tour is voluntary. I confirm that all participants are in good health and suffer from no physical or mental condition which would make them especially susceptible to injury or disability while participating in the Tour.

Comprehension of Risk

I fully comprehend and accept all of the risks associated with the Tour, including, without limitation, injury or death resulting from exposure to unfavorable weather conditions, food sickness, allergic reactions, choking, and injuries arising from self-inflicted accidents or mishaps, other participants, motor vehicles, and pedestrians. I understand that the Tour takes place in public venues under conditions largely beyond Convivio's control.

Assumption of Risk

I assume all risks, known and unknown, foreseeable and unforeseeable, in any way connected with participation in the Tour. I accept personal responsibility for any liability, injury, loss, or damage in any way connected with our participation in the Tour.

Release of Liability

I hereby release, waive and hold harmless Convivio, and its officers, employees, agents, representatives, successors, and assigns from any and all liability or responsibility for injuries and/or property damage which I or any participating member of my family may sustain during the Tour. This waiver and release covers all individuals above below (including all heirs, executors, or administrators) and is given in consideration of Convivio's acceptance of our registration for the Tour. In addition I agree to defend and indemnify Convivio from any claim or action filed by a third party due to our actions in the Tour.

Consent to Medical Treatment

I hereby give permission to Convivio to secure proper treatment in the event of an emergency. I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.

I have carefully read and fully understand this Liability Waiver. I am aware it is a full release of liability and sign of my own free will.

_____	_____
Date	Adult Participant (printed)

	Signature
_____	_____
Date	Adult Participant (printed)

	Signature
_____	_____
Date	Adult Participant (printed)

	Signature

PERMISSION TO PHOTOGRAPH

Convivio is a nonprofit organization. This Tour may be photographed or videotaped for educational, publicity or fundraising purposes. Please indicate if you will allow you and/or your family to appear in videos or photos without compensation (e.g., as part of brochures, slide shows or program websites).

Yes, I give my permission to Convivio and/or agents authorized by them to use any photographs, videotapes, motion pictures, recordings, or any other record of this Tour for any purpose.

No, I and/or my family may not appear in a photograph or videotape.

_____	_____	_____
Print Full Name of Adult	Signature of Adult	Date
_____	_____	_____
Print Full Name of Adult	Signature of Adult	Date
_____	_____	_____
Print Full Name of Adult	Signature of Adult	Date