Autism Walk at
Ridgedale Center

Name: _____
(last) (first) (initial)

Phone Number: _____

Minor Family Members if Applicable:

I recognize the risks of illness and injury inherent in any exercise program and the risk in participating in the Steps of Hope Autism Walk due to the fact that such a program will be conducted during non-mall hours at which time cleaning, construction and other activities may be conducted by Mall management, tenants or contractors.

I understand that the property may not have sufficient security, lighting, and other amenities generally found in shopping centers/malls during mall business hours and nevertheless agree to participate and assume all risk attendant thereto.

I am participating in the Steps of Hope Autism Walk upon the express agreement and understanding that I hereby waiving and releasing the Autism Society of Minnesota, their directors, affiliates, partners, officers, agents, contractors, employees, tenants, from any and all claims, costs, liabilities, expenses or judgements, including attorney fees and court costs (herein collectively "Claims") arising out of my participation in the Mall Walkers Program or any illness or injury resulting therefrom, and hereby agree to indemnify and hold harmless: Ridgedale Center LLC and its direct and indirect parents and subsidiaries, any of their affiliated entities, successors and assigns and any current or future director, officer, employee, partner, member or agent of any of them and the Autism Society from and against any and all such claims.

_____ _____
Signature Date