



BEHAVIORAL
DIABETES
INSTITUTE

DIABETES TLC WAIVER AGREEMENT

Participant _____ Gender _____ Phone _____

Street Address _____ City, State, Zip _____

Email _____ Type I or II _____

The undersigned hereby agrees, in consideration of my participation with Diabetes TLC, to hold harmless Diabetes TLC and the Behavioral Diabetes Institute (“BDI”) and to waive all claims against Diabetes TLC, BDI, their officers, members or advisors, from any personal injury, loss or damage to property, including theft, and hereby release Diabetes TLC and BDI from any liability related in any way to my participation in any events involving Diabetes TLC or BDI.

Specifically, I hereby represent and warrant that I understand that neither Diabetes TLC or BDI, or any of their officers, members or advisors is offering any medical advice of any kind, and for medical advice I hereby agree to rely solely on the advice of a physician of my own choosing.

Furthermore, I agree to indemnify, protect and hold Diabetes TLC and BDI harmless from and against all claims, damages, liabilities, losses and expenses, including but not limited to, attorneys’ fees in whole or in part arising out of, resulting from, or in connection with my participation in any activities of Diabetes TLC or BDI, even if such claim, damage, liability, loss or expense should arise from the negligence of Diabetes TLC or BDI.

I understand that a “contact report” will be written about each conversation with my teammate. I further understand that my FIRST NAME will be the ONLY IDENTIFYING INFORMATION on this document and this report will only be exchanged between my teammate and the management team.

I have read and understand the contents of this document.

(Date)

(Participant Signature)

Please email **completed and signed waiver** to DiabetesTLC@behavioraldiabetes.org or Mail to:
Behavioral Diabetes Institute, P.O. Box 501866 San Diego, CA 92150-1866