Hope Memorial Relay

5km run/walk Entry and Liability Form

No participant will be allowed to participate without signing! Due by race start!

Name: _____   Sex: M   F

Address: _____   Age: _____

City: _____   State _____   Zip: _____

T-Shirt Size: S   M   L   XL   XXL

Waiver:

I know that running/walking a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I also know that there may be traffic on the course including vehicles of other participants. I assume the risk of running in traffic. I also assume any and all other risks associated with running this event including but limited to falls, contact with other participants, the effects of weather, including high heat or humidity, and the conditions of the roads or trails, all such risks being known and appreciated by me. Knowing these facts and in consideration of your acceptance of my entry donation, I hereby for myself, my heirs, executors, administrators, or anyone else who might claim in my behalf, covenant not to sue, and waive, release and discharge any organization associated with this race and the local governments and police/sheriff, volunteers, and any and all sponsors including their agents, employees, assigns, or anyone acting for their behalf, from any and all claims or liability for death, personal injury or property damage of any kind or nature whatsoever, foreseen or unforeseen, known or unknown. If as a result of my participation in the Barb Palzewic Hope Memorial Relay, I require medical attention, I hereby give my consent to authorize medical personnel of the event to provide such medical care as is deemed necessary by such authorized personnel. The above signed further grants full permission of this race and any organization conducting the race and/or agents authorized by them to use photographs, videotapes, motion pictures, recordings, or any other of this event for any purpose. I have read the foregoing and certify my agreement by my signature below.

Signature: _____

Parent or Guardian Signature (if under 18): _____

Date: _____