2017 Cleveland Days 5k Run Waiver

All athletes must read and sign. Please read carefully before signing the acknowledgement, waiver and release from liability (AWRL). I acknowledge that the 5k run is a test of a person’s physical and mental limits and it carries with it potential for death, serious injury, and property loss. I hereby assume the risks of participating in the 5k run. I certify that I am physically fit, have sufficiently trained for participation in this event, and have not been advised otherwise by a qualified health professional. I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns, or anyone else who might claim or sue on my behalf, and I expressly acknowledge that it is my intent to these actions: (a) I agree to abide by the competitive rules, (b) I agree that prior to participating in and event, I will inspect the race course, facilities, equipment and areas to be used and if I believe any to be unsafe I will advise the person supervising the event, activity, facility or area; (c) WAIVE, RELEASE AND DISCHARGE FROM ANY AND ALL CLAIMS, LOSSES, OR LIABILITIES FOR DEATH, PERSONAL INJURY, PARTIAL OR PERMANENT DISABILITY, PROPERTY DAMAGE, MEDICAL OR HOSPITAL BILLS, THEFT OR DAMAGES OF ANY KIND, INCLUDING ECONOMIC LOSSES AND LOSS AND/OR STOLEN ITEMS, WHICH ARISE OUT OF OR RELATE TO MY PARTICIPATION IN, OR MY TRAVELING TO AND FROM THE EVENT, THE FOLLOWING PERSONS OR OR ENTITIES: CLEVELAND TOWN, SPONSORS, DIRECTORS, EMPLOYEES, EVENT OWNERS, VOLUNTEERS, ALL STATE, TOWN, COUNTY, OR LOCALITIES IN WHICH EVENT OR SEGMENTS OF EVENT ARE HELD, AND THE OFFICERS, DIRECTORS, EMPLOYEES, REPRESENTATIVES, VOLUNEERS, AND AGENTS OF ANY OF THE ABOVE EVEN IF SUCH CLAIMS, LOSSES, OR LIABILITIES ARE CAUSED BY THE NEGLIGENT ACTS OR OMISSIONS OF THE PERSONS I AM HEREBY RELEASING OR ARE CAUSED BY THE NEGLIGENT ACTS OF ANY OTHER PERSONOR ENTITY; (D) I ACKNOWLEDGE there will be traffic on the course route, and I assume the risks of running and participating in this event. I also assume any and all other risks associated with participating in this event including but on limited to falls, contact and/or crashes with other participants, effects of weather including heat and/or humidity, defective equipment, the condition of the roads , complications from color on clothing and person, and any hazard that may be posed by spectators or volunteers all such risks being known and appreciated by me, and I further acknowledge that these risks include risks that may be the negligence of the persons or entities mentioned above in paragraph © or other persons or entities, € I agree not to sue any of the persons or entities mentioned above in paragraph © or any of the claims, losses, or liabilities that I have waived, released or discharged therein; (f) I INDEMNIFY AND HOLD HARMLESS THE PERSONS AND ENTITIES MENTIONED IN PARAGRAPH © for any and all claims made or liabilities assessed against them as a result of (i) my actions or inactions, (ii) the actions, inactions or negligence of others including those parties hereby indemnified; 9iii) the conditions of the facilities, equipment, or areas where the event is being conducted; (iv) the Competitive Rules; or (v) any other harm caused by an occurrence related to the 5k event; and (g) I Grant permission for the use of my name and/or likeness relating to my participation in the 5k event, and waive all right to any future compensation to which I may otherwise be entitled as a result of use of my likeness; 9h) I understand and accept that my entry fee is non-refundable under any circumstances. I hereby affirm that I am eighteen (18) years of age or older, and I have read this document and understand its contents.

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Printed Name Mailing Address

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Signature Date Email address

T-Shirt Size \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adult Sizes only

2017 Cleveland Days 5k Run Waiver

FOR PERSONS UNDER EIGHTEEN (18) YEARS OF AGE A PARENT OR LEGAL GUARDIAN MUST SIGN THE ABOVE AWRL AND COMPLETE THE FOLLOWING SECTION.

The undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/guardian) the parent and natural or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (minor’s name) hereby acknowledges that he or she has executed the foregoing AWRL for and on behalf of the minor named herein. As the natural or legal guardian of such a minor, I hereby bind myself, the minor and our executors, administrators, heirs, next of kin, successors sand assigns to the terms of the foregoing AWRL

I represent that I have the legal capacity and authority to act for and on the behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities mentioned in the foregoing AWRL for any claims made of liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on the

behalf of the minor in the execution of the foregoing AWRL or in the execution of this Consent.

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility (Medical Provider) to treat the minor named herein for the purpose of attempting to treat or relive any injuries received by said minor arising out of or relating to the 5k event. I authorize such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve such injuries. I consent to the administration of anesthesia as deemed advisable during the course of treatment. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume and such risk for and on behalf of myself and said minor. I acknowledge that no warranty is being made as to the results of any medical treatment. NOTE: PARENT/GUARDIAN MUST ALSO SIGN AWRL ABOVE.

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Printed Name of Parent/Guardian Mailing Address

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Signature of Parent/Guardian Email address

T-Shirt Size \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adult Sizes only