Relay For Life of Franklin County Color Run Waiver

Please sign below to indicate your agreement to the following:

1. (Please check one) ____ I am at least 18 years old OR ____ I am under the age of 18 and in addition to me my parent/guardian has reviewed this waiver and consented to its terms.
2. I understand that participating in the Color Run is a potentially hazardous activity where powdered color will be thrown at and around me during the course of the event.
3. I agree not to participate unless I am medically and physically able, which I am solely responsible to determine.
4. I agree to abide by any decision of a race official relative to my ability to safely complete the race, which decision is at the sole discretion of the race official and I agree lack of a decision does not create any liability whatsoever.
5. I assume all risks associated with competing, including, but not limited to, slips, falls, contact with other participants, negligent or wanton acts of other participants, any defects or condition of the premises, or color zones, the effects of the weather including high heat, cold temperatures, storms and/or humidity. All such risks being known, assumed and appreciated by me.
6. I agree that Relay For Life Franklin County and the American Cancer Society is not responsible for any personal items or property that are lost or stolen, stained or damaged during the event.
7. I consent to emergency medical care and transportation in order to obtain treatment in the event of injury to me as medical professionals may deem appropriate. This assumption and release extends to any liability arising out of, or in any way connected with, the medical treatment and transportation provided in an emergency.
8. I understand and agree that pets are not permitted to accompany me in the race, and children under the age of 12 are not permitted to participate or accompany me in the race unless a parent or guardian signs a waiver on their behalf.
9. I understand that all entries are final with no refunds.
10. The race directors reserve the right in any event of emergency or local or national disaster to cancel the race and in the event of cancellation or change there is no refund of entry fees.
11. Participants are expected to exhibit appropriate behavior at all times, including obeying laws. This includes respect for all people, equipment and facilities and cooperative, positive participation. We may dismiss, without refund, anyone whose behavior endangers safety or negatively affects a race, a person, a facility or property of any kind.
12. I agree to indemnify Relay For Life Franklin County and the American Cancer Society, its affiliates and assigns, from any and all third party claims caused in whole or part by my actions.
13. I assume risk of wild animals and insects that may be present on the course.

All participants Waiver & Release of all claims and assumption of risk

I recognize and acknowledge that there are certain risks of physical injury to participants and I voluntarily and knowingly agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I may sustain of said participation. I further agree to waive and
relinquish all claims I may have (or which may accrue to me) as a result of participating in these activities against Relay For Life Franklin County and the American Cancer Society, including its owners, managers, officers and employees, the race officials, agents, volunteers, sponsors, and the owners and operators of the venue (hereinafter collectively referred to as “Administrators”). Participants registering for the race, programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs. I agree that I am solely responsible for determining if I am physically fit and/or skilled for the race or activities contemplated by this assumption and release. It is always advisable, especially if the participant is pregnant or disabled in a way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity. I, for myself and my heirs, do hereby fully release and forever discharge the Administrators from any and all claims for injuries, including death or incapacity, illnesses, damages, expenses or loss that I may suffer arising out of, connected with, or in any way associated with the race, program or activities caused or associated with transportation to and from the event. I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. When registering online, my online signature for and have the same legal effect as an original form signature. PARTICIPATION WILL BE DENIED, if I have not signed this waiver before the start of the event.

I have read and fully understand the above important information, warning of risk and waiver and release of all claims.

Printed name ___________________________ Date __________ Age __________

______________________________________________
Signature
Only complete below if you are a parent or guardian of a participant under the age of 18:

I, the parent or guardian of the above named participant, have read through this waiver and all its terms, and I hereby give my approval to this child’s participation in this Color Run. I assume all risks and hazards incidental to my child’s participation in this Color Run, and I hereby waive, release, absolve, indemnify and agree to hold harmless the administrators, as defined above, for any injury to my child and from any and all claims, causes of actions, obligations, lawsuits, charges, complaints, controversies, covenants, agreements, promises, damages, costs, expenses, responsibilities, of whatsoever kind, nature or description, whether indirect or direct, in law or equity, in contract or in tort, or otherwise, whether known or unknown, from all claims or liabilities of any kind arising out of or connected with my child’s participation in this Color Run. I consent to the foregoing and grant permission for him/her to participate in this Color Run. I acknowledge and have carefully read, accepted and agreed to the terms in this Agreement and Release and Liability waiver, and know and understand their contents and I sign the same of my own free act and deed.

______________________________  _______________________
Child Name (printed)                    Age on date of race

______________________________  ________________
Parent or Guardian name                Date

______________________________
Parent or Guardian Signature