

Acalanes Color Run Participation Waiver and Release of Liability

Sunday, August 25, 2019

In consideration of your acceptance of my entry in the Acalanes Color Run ("Event"), I, of my own free will, hereby accept any and all risks of participation and waive, release and give up all claims, demands, liability, damages, costs, expenses of any kind whatsoever and I agree not to sue and agree to hold harmless the Acalanes Color Run event sponsors, organizers, or any Acalanes High School affiliated organization with respect to any claim that may arise in connection with my participation in this Event, whether caused by the negligence of the entities or persons mentioned in this paragraph. I acknowledge that my participation in this Event is voluntary and I acknowledge that this athletic event and that I am in proper physical condition to participate in this Event. I understand that the Event will be run over uneven terrain and through campus facilities that may have unmarked hazards and that no warranty is made concerning the safety of the course. I acknowledge that at various locations on the course color powder will be thrown and potentially may get in my eyes and/or mouth. I voluntarily accept and assume responsibility for any risks and dangers that could occur during my participation in the Event and that I will comply with any and all Event directions, guidelines and rules of the Event. I understand that although most of the color powder will shake off or wash off, it may discolor my clothes and/or cloth automobile seats. I understand that in all cases, my race fee is non-refundable and if the Event is cancelled due to weather conditions, acts of God, war, disaster, earthquake, or government regulations. I understand that I am giving up, in advance, any right to sue or make any claim against the parties I am releasing if I suffer injuries or damages, even though I do not know what or how extensive those injuries and damages might be, and am voluntarily assuming the risk of such injuries and damages.

I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER. I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY AND UNDERSTAND ITS CONTENT.

FOR PERSONS UNDER EIGHTEEN (18) YEARS OF AGE, A PARENT OR LEGAL GUARDIAN MUST ACCEPT THE ABOVE WAIVER AND COMPLETE THE FOLLOWING SECTION

The parent and/or legal guardian of the registered minor acknowledges that he or she has executed the foregoing waiver and release of liability for and on behalf of the named minor. As the legal guardian of said minor, I agree to bind myself, the minor and our heirs, next of kin, executors, administrators, successors, assigns and personal representatives to the terms of the above waiver and release of liability. I further represent that I have the legal capacity and authority to act for and on the behalf of the minor named herein, and I further agree to indemnify and hold harmless the above referenced released parties listed in the first paragraph for any claims made of liabilities assessed against the released parties as a result of any deficiencies in my legal capacity to act for or on behalf of the minor registering for Event.

I authorize any licensed physician or emergency personnel to treat the minor for the purpose of treating injuries received by said minor arising out of the Event. I further authorize any such physician or emergency personnel to perform all procedures deemed medically advisable in attempting to treat or relieve such injuries.

For participants under 18 years a PARENT/GUARDIAN MUST ALSO ACCEPT THE ABOVE WAIVER.

Participant Name **PRINT**: _____ DOB: _____

Address: _____ Gender: ☐ Male ☐ Female

Participant Signature: _____ Date: _____

Parent/Guardian Name **PRINT**: _____ Signature: _____

Emergency Contact Name: _____ Phone: _____

Payment: _____