



302 North Hospital Drive • Girard, KS 66743 • PHONE 620.724.8291 • FAX 620.724.6332

#1 In Service

REGISTRATION WAIVER

IN CONSIDERATION of being permitted to compete, officiate, work for, or participate in any way in the EVENT(S) EACH OF THE UNDERSIGNED, for himself/herself, his/her personal representatives, heirs, and next of kin:

- 1. Acknowledges, agrees and represents that he/she knows running in a race and participating in a race, may result in serious injury, accident, or death. Each of the Undersigned assumes all risks associated with running/walking in this event including but not limited to falls, contact with other participants, the effects of the weather, including high heat, and/or humidity, traffic and the conditions of the course, all such risks being known and appreciated. The Undersigned warrants and represent that BEFORE participating in this EVENT I have made my own determination with a medical provider of my choosing that I am medically able, properly trained, physically fit and capable of participating in this race, and that my medical care provider has approved my participation.
- 2. HEREBY RELEASES, WAIVES, DISCHARGES, AND CONVENANTS NOT TO SUE any promoters, organizers, runners, instructors, trainers, volunteers, supervisors, or parents, other participants, employees, or any agent thereof, officials, referees, rescue personnel, owners, and lessees of premises used to conduct EVENT(S), premises and event inspectors, surveyors, underwriters, consultants and others, including but not limited to Girard Medical Center, all sponsors and anyone or entity who provide equipment, promotion, medical care, give recommendations, directions, regulate traffic, referee, or officiate, or call or fail to as "Releasees," FROM ALL LIABLITY TO THE UNDERSIGNED, his personal representatives, assigns, heirs, and next of kin FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFORE ON ACCOUNT OF INJURY TO THE PERSON OR PROPERTY OR RESULTING IN DEATH OF THE UNDERSIGNED ARISING OUT OF OR RELATED TO may arise from any alleged negligence of any Releasee or concurrent negligence of a Releasee and any other person or entity.
- 3. HEREBY ASSUMES FULL RESPONSIBILTY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE arising out of or related to the EVENT(S) and HEREBY acknowledges THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS AND INVOVLE THE RISK OF SERIOUS INJURY AND/OR DEATH and/or property damage. Each of THE UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED AMY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.
- 4. I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNTY AGREEMENT, FULLY UNDERSTAND IT'S TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTAINTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE UNCONDITIONAL RELEASE OF ALL LIABILITY TO GREATEST EXTENT ALLOW BY LAW and is intended to be as broad and inclusive as permitted by the laws of the Province or State which the EVENT(S) is/are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding, continue in full legal force and effect.

SIGN NAME HERE/ Parent

DATE

PRINT NAME HERE/ Parent

THIS IS A RELEASE OF CLAIMS AND LEGAL RIGHTS - READ BEFORE SIGNING!

GIRARD MEDICAL CENTER 5K RUN RELEASE and WAIVER OF LIABILITY