

Race Waiver Form

I, _____ (name of the participant) know that running a road race is a potentially hazardous activity. I should not enter and run unless I am physically fit, medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I hereby certify I am in good health, and I have trained to run the distance of the race that I am entering (1 mile/5K/10k).

I assume all risks associated with running this event, including but not limited to falls, contact with other participants, the effects of weather, including high heat and/or humidity, traffic conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry into this running event, I, for myself and anyone entitled to act on my behalf, waive and release Window World Inc., Window World of Central Utah, Window World of Salt Lake City Inc., St. Jude's Children's Research Hospital, Salt Lake City, Liberty Park, USA Track and Field and all involved agents, volunteers, trainers, officers, sponsors, their representatives and successors, from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons or entities named in this waiver.

I grant permission to all of the foregoing to use my photographs, motion pictures, recordings, videos or any other recording of this event for legitimate purpose. I understand that bicycles, skate boards, roller skates or inline skates, animals and music devices of any type are **not permitted** in this event and I will abide by the rule. I understand that all entries are final with no refunds. The official race director reserves the right in any event of emergency, local or national disaster to cancel the race or change the date and/or time. In the event of cancellation or change there will be no refund of entry fees.

Signature of the Participant: _____

(Parent/Guardian signature required if participant is less than 18 years old)

Emergency Contact Information

Name _____ Phone Number _____

Address _____

Relationship to Participant _____