

# Ryan's Race Fun Run Release and Waiver

Please return to Joseph Sloss by **May 19th** at L-S High School PO Box 428, Lampeter PA 17537

(May also register on race day.)

Name of Runner \_\_\_\_\_

I know that running is a potentially hazardous activity. I should not enter and run unless I am medically able. I assume any risks associated with running this event including, but not limited to, falls, contact with other participants, and the effects of weather and conditions of the course. I understand I am solely responsible for my own safety while traveling to and from or participating in this event.

Knowing these facts and in consideration of your acceptance of my entry, I hereby for myself, my heirs, executors, administrators, or anyone else who might sue on my behalf, agree not to sue, and waive, release, and discharge the sponsors or contributors to this event, any race officials, volunteers, the city and police agencies, their representatives successors or assignees from any and all claims of liability for death, personal injury, or property damage of any kind or nature whatsoever arising out of, or in the course of my participation.

The release form and waiver extends to all claims of every kind or nature whatsoever, foreseen and unforeseen, known and unknown. The undersigned further grants full permission to use any photographs, videotapes, motion pictures, recordings, or another record of the event for any purpose. Minors will be accepted with a parent's signature.

Signature of participant (legal guardian if participant is under age):

\_\_\_\_\_

Date \_\_\_\_\_

Name and phone # of Emergency Contact \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Special Medical Conditions \_\_\_\_\_

Allergies \_\_\_\_\_