

The Medical Center 10K Classic Volunteer Release and Waiver of Liability

Contact information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Age _____

Emergency contact: _____ Phone: _____

Relationship to volunteer: _____

Waiver

I do hereby represent that:

1. I am 18 years of age or older.
2. I recognize and appreciate any dangers and risks that may incur during The Medical Center 10K Classic.
3. I submit this release and waiver of liability declaration of my own free will.
4. I have no current or history of physical or emotional issues that would impair my ability to volunteer for The Medical Center 10K Classic.
5. I hold harmless and agree to indemnify The Medical Center 10K Classic, its officers, directors, employees, agents and volunteers from all claims, liability, and damage I may sustain from any bodily injury, personal injury or property damage with may occur from any cause, including negligence, before, during or after The Medical Center 10K Classic or any activities related to the event that I may participate in as a volunteer.
6. I grant The Medical Center 10K Classic and its agents, the exclusive right to use my name, likeness, photos or reproduction for any purpose including promotion, advertising or other purposes.
7. I have read and understand this entire Waiver of Liability and Release, and I agree to be legally bound by it.

Signature _____ Witness Signature _____

Name (print) _____ Witness Name (print) _____

Date: _____