

HEALTH FIRST/UNITED WAY FIVE K RACE (the "EVENT")

ACCIDENT WAIVER AND RELEASE OF LIABILITY; RELEASE OF NAME AND LIKENESS

I know that running/walking a race is a potentially hazardous activity. I certify that I am physically fit, have sufficiently trained and prepared for participation in the event and have not been advised otherwise by a qualified medical person. I agree to abide by the decision of a race official relative to my ability to safely complete the run/walk. I hereby consent to receive medical attention which may be deemed advisable in the event of an injury, accident and/or illness during the event. I understand that all evacuation and medical costs for participants and volunteers will be borne by that person or their heirs. The race organizers and sponsors are in no way liable or responsible for medical costs or emergency evacuation.

I assume all risks associated with walking or running in the event, including, but not limited to, falls, contact with other participants, volunteers, race officials, sponsors, walkers, baby strollers, in-line skaters, dogs on leashes, bicycles, the effects of weather, including high heat and/or humidity, traffic and the conditions of the race route, all such risks being known and appreciated by me.

Having read this waiver and knowing these facts, and in consideration of the acceptance of my entry in the event, I hereby take action for myself, my heirs, assigns, next of kin, administrators or anyone else who may claim on my behalf, waive and release UNITED WAY OF BREVARD COUNTY, INC., its directors, officers, volunteers, agents and employees, from all claims or liability for death, personal injury, or property damage of any kind or nature whatsoever arising out of, or in the course of, my participation in this event whether the same be caused by negligence or fault. This release extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown, and I indemnify and hold harmless UNITED WAY OF BREVARD COUNTY, INC, its directors, officers, volunteers, agents and employees from any and all liabilities or claims made by any other individual or entity as a result of my actions during this event.

PARENT OR GUARDIAN WAIVER FOR MINORS (UNDER 18 YEARS OLD) IF APPLICABLE. The undersigned parent or natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to same and hold harmless and indemnify UNITED WAY OF BREVARD COUNTY, INC., its directors, officers, volunteers, agents and employees from all liability, loss, cost or damage whatsoever which may imposed upon them because of any defect in or lack of such capacity to act and release said parties on behalf of the minor and the parents or legal guardian.

Print Name of Minor: _____

Date: _____

Signature of Minor: _____

Signature of parent or guardian (under 18): _____

Telephone: _____