

Highway 91 “Kickin’ Concrete for Cancer”

Activity: 26.2 Mile Team Relay

Acknowledgement of Risk & Waiver of Liability

PARTICIPANT INFORMATION

Name: _____

Age: _____ **Sex:** _____

Street Address:

City: _____ **State:** _____ **Zip:** _____

Contact Phone Number: _____

TEAM NAME: _____

WAIVER AND RELEASE OF LIABILITY

Read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document. If you are under the age of 18, this form must be signed by you as the participant AND by your parent or legal guardian.

I know that participating in the Highway 91 “Kickin’ Concrete for Cancer” Relay is a potentially hazardous activity and I should not enter and participate unless I am medically able and properly trained. I acknowledge and assume any and all risks associated with this event including, but not limited to, traffic on the course route, falls, contact with other participants, and the condition of the course, including, but not limited to, curbs, cars, uneven pavement, potholes, rocks, and objects on the course surface.

Knowing and appreciating these risks and in consideration of your acceptance of my entry, I hereby for myself, my heirs, representatives or anyone else claiming on my behalf, covenant not to sue, and waive, release, and discharge JLS Fitness/JLT Gymnastics Academy, its volunteers, and sponsors, and anyone else acting for or on behalf the Highway 91 “Kickin’ Concrete for Cancer” Relay from any and all claims of liability for death, personal injury, or damage of any kind arising out of my participation in this run. This Acknowledgement of Risk and Waiver of Liability extends to all claims of every kind whatsoever.

I also consent to emergency treatment in the event of injury or illness. I grant full permission to JLS Fitness/JLT Gymnastics Academy and/or any person or entity authorized by it to use my name, age, date of birth, finish place and finish time in the public domain. I further grant full permission for JLS Fitness/JLT Gymnastics Academy to use any photographs, recordings, or any other record of this event for any purpose. My signature acknowledges that I have read the above waiver and I agree and accept all terms and conditions set forth herein.

Emergency Contact Name: _____ **Telephone:** _____

SIGNATURE OF ACKNOWLEDGEMENT

In signing the Acknowledgement of Risk and Waiver of Liability, I hereby acknowledge and represent:

- **(a)** that I have read this document in its entirety, understand it, and sign it voluntarily; and
- **(b)** that this Acknowledgement of Risk and Waiver of Liability is the entire agreement between the parties hereto and its terms are contractual and not a mere recital.

Participant Signature: _____ **Date:** _____

REQUIRED FOR PARTICIPANTS UNDER 18

Parent or Guardian's Authorization for Medical Care and Consent Agreement

I certify that I am the parent or legal guardian of the above-named participant in the ACTIVITY. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the participant as a dependent, I have read the above agreement, I understand the contents of this Acknowledgement of Risk and Waiver of Liability, assent to its terms and conditions, and sign this Acknowledgement of Risk and Waiver of Liability of my own free act.

I acknowledge that my dependent and I have agreed to the terms and conditions of my dependent's participation in the ACTIVITY, and I hereby give my consent to participation by my dependent in the ACTIVITY, and to receive medical treatment determined to be necessary. I further agree to hold harmless, indemnify and defend JLS Fitness/JLT Gymnastics Academy from and against all claims, demands or suits that my dependent has or may have.

Parent or Guardian Signature: _____

Date: _____