



## Official Training Runs

POWERED BY



### Wendell Foster Half Marathon Training Runs Waiver

I know that running in the organized Wendell Foster Half Marathon Training Runs is potentially a hazardous activity, which could cause injury or death. I will not participate unless I am medically able and properly trained; by my signature, I certify that I am medically able to perform these runs from January 5<sup>th</sup> to March 23<sup>rd</sup>, 2019, I am in good health, and am properly trained. I agree to abide by any decision of a race official relative to my participation in these runs, including the right of any official to deny or suspend my participation for any reason whatsoever. I assume all risks associated with running in these events, including but not limited to: falls, contact with other participants, the effects of the weather (including ice, snow, extreme cold, high heat and/or humidity), traffic and the conditions of the road, all such risks being known and accepted by me. I understand that skateboards, baby joggers, roller skates or roller blades, and animals are not allowed in the training runs and I will abide by all rules. Having read this waiver and knowing these facts and in consideration of you accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Wendell Foster Half Marathon Training Runs, the city of Owensboro, KY, all event sponsors, and their representatives and successors from all claims or liabilities of any kind arising out of my participation in these events, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose. I understand that these events do not provide for refunds in the event of a cancellation, and by signing this waiver, I consent that I am not entitled to a refund if the event is canceled before or during the event.

Athlete's Printed Name: \_\_\_\_\_

Athlete's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature (if under 18 years): \_\_\_\_\_

Date: \_\_\_\_\_