

Liability Waiver & Release



Name: _____

Date of Birth (mm/dd/yyyy): _____ Phone #: _____

Email: _____ Company Name: _____

Event Schedule: June 10, 2023

List of Events: 5K Run and Fun Run, Golf, Tug of War, Kayak Races, Potato Sack Races, Wood Plank Shuffle, Veggie-Tale Relay, Kids Inflatables

By submitting this form, I hereby acknowledge and understand that participation in a Fitness Challenge is a potentially hazardous activity. I understand and acknowledge that I **should not** enter into the Fitness Challenge unless I am medically able and properly trained. I assume all of the risks that could be associated with participation in the Fitness Challenge including, but not, limited to falling, direct physical contact with other participants, direct physical condition with implements used to facilitate the Fitness Challenge, effects of the weather, medical conditions, conditions of the Fitness Challenge course and facilities, all potential risks being known to and acknowledged by me. I agree and understand that animals, headphones, personal equipment of any type are strictly prohibited, and I agree not to have them on any of the courses or facilities associated with the Fitness Challenge. Acknowledging the above, and in consideration of acceptance of my entry, I hereby for myself, my heirs, executors, administrators or anyone else who could make a claim on my behalf, hereby agree not to sue, I further waive and discharge The HOPE Fit Business Challenge, Pryor Creek Rec Center, the Mayes County HOPE Coalition and Pryor Public School Systems, and any and all affiliates, any and all Fitness Challenge sponsors, volunteers, judges, employees, from any and all claims or liability for death, personal injury or property damage of any kind or nature arising out of, or in the course of my participation in the Fitness Challenge. This waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. Applications for any minor (anyone under the age of 18) will only be accepted with a parent or verified guardian's signature.

Participants Signature

Date

Signature of Parent/Legal Guardian (if under 18)

Date

Would you like to receive HOPE's monthly newsletter, so you are always in the know about events like this and what HOPE is doing in the community? Yes No