

CITY OF CAMERON

SANTA SHUFFLE 5K Run/Walk **ACKNOWLEDGMENT OF RISK AND WAIVER OF LIABILITY**

Participant Information Name: _____ Date(s): _____
Street Address: _____ Age: _____ Sex: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

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 City of Cameron Santa Shuffle 5K Run/Walk 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, fatigue, exposure to elements, exposure to illnesses (i.e. Covid-19, influenza, MRSA, etc.), falls, contact with other participants, injury, illness, and the condition of the course, including, but not limited to, curbs, cars, uneven pavement, potholes, rocks, changing terrain and objects on the course surface. Knowing and appreciating these risks and those associated with running walking in general, 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, hold harmless, discharge and agree to indemnify and defend the City of Cameron, its employees, agents, assigns, volunteers, and sponsors, and anyone else acting for or on behalf the City of Cameron Santa Shuffle 5K Run/Walk from any and all claims of liability for death, personal or bodily injury, or damage of any kind arising out of my participation in this event. This Acknowledgement of Risk and Waiver of Liability extends to all claims of every kind whatsoever. I also consent to reasonable emergency treatment and/or transportation to a health care facility in the event of injury or illness.

I further grant full permission to the City of Cameron 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 the City of Cameron to use any photographs, recordings, or any other record of this event for any purpose. **I acknowledge that by my signature I have read the above waiver and I agree and accept all terms and conditions set forth herein.**

Emergency Contact Name: _____ Telephone# _____

In signing the Acknowledgement of Risk and Waiver 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: _____

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REQUIRED FOR ALL PARTICIPANTS UNDER 18 YEARS OF AGE: 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 City of Cameron Santa Shuffle ("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 the City of Cameron from and against all claims, demands or suits that I or my dependent has or may have as a result of my dependent's participation therein.

Parent or Guardian Signature: _____ Date: _____