

## WAIVER FORM

Choose one:  5K Run/Walk  1/2 Mile Kids Run (10 and under)

Last / First / MI \_\_\_\_\_

Phone(s) \_\_\_\_\_

Email \_\_\_\_\_

I GIVE THE FOLLOWING PERSON(S) PERMISSION TO PICKUP MY PACKET -

\_\_\_\_\_

**Grow in the Dark 5K Liability Waiver:** Waiver of Liability: I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including, but not limited to falls, contact with other participants, the effects of the weather, including heat/humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver, and knowing these facts and in consideration of your acceptance of my entry, I, for myself and anyone entitled to act on my behalf, waive and release the city of Lacey, and the State of Washington, Hawks Prairie Rotary Club, all sponsors, volunteers and their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant my permission to all of the foregoing to use photographs, motion pictures, recordings, or any other record of this event for legitimate purpose. I also understand that my entry fee is non refundable. A parent must sign if entrant is under 18 years of age. This is to certify that my child has permission to compete in this event, is in good physical condition and the event officials may authorize necessary medical treatment, I understand that bicycles, skateboards, baby joggers or strollers, roller skates or blades, animals, and radio headsets are not allowed in the race and will abide by this guideline. **I also understand that there will be no refunds of entry fees.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature (if under 18)

\_\_\_\_\_ Date \_\_\_\_\_