Olivenhain Cross-Country Invitational

Participant / Parent - Waiver for Race Registration

By my or my guardian's signature below, I certify that I am in good health and medically able to participate in this event. I am aware that alternate running events are available to me. I attest that I have read information about the race and agree to abide by the rules and instructions from any organizers, officials, or volunteers. I know that participating in a running event is a potentially hazardous activity, which could cause serious injury or even death. I assume all risks associated with running in this event, including but not limited to; falls, contact with fixed objects, other participants, spectators, or equipment, effects of the weather, including high heat and/or humidity, and traffic and conditions of the course, all such risks being known and fully appreciated by me. I am aware that trained medical personnel are not provided by the organizers. As a parent or guardian, I am responsible for the safety of all children in my care, including but limited to their behavior in the parking area or on public roads. Having read this waiver, knowing these facts, and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Olivenhain Cross Country Invitational, RunKids LLC, the City of Encinitas, the Olivenhain Town Council, all event sponsors, their representatives and successors, and volunteers from all claims or liabilities of any kind arising out of my participation in this event, including liability that may arise out of negligence, carelessness or misconduct on my part or by the persons named in this waiver. I grant permission to all of the foregoing to use my likeness in photograph, video, or any other record of this event for any purpose, including advertising, in perpetuity.

Name of Participant:_____

Name of Parent or Day-of-Race Guardian: _____

Emergency Contact number: _____

Email address: _____

Signature of Parent or Day-Of-Race Guardian:_____

Date: _____