

Participant Registration/Waiver Form

☐ Adult ☐ Child (12 years & under)

Personal Information

Participant Full
Name:

Last

First

M.I.

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Phone Number:

Email Address:

☐ Home ☐ Cell

Date of Birth:

Age (on 04/04/20):

Emergency
Contact:

Full Name

Relationship to Participant

Phone Number

Liability Waiver

I, _____, am aware that running a road race is a potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, am in good health, and I am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I agree to abide by any rules expressed by the Rhondolyn Evett Dearbonne-Morris Research & Scholarship Foundation officials and volunteers. 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 high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and 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 Rhondolyn Evett Dearbonne-Morris Research & Scholarship Foundation, the LoWoods Reunion 5k Walk/Run event, LoWoods Reunion Community Outreach, the City of Dayton, TX, all event sponsors, 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 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 this event does 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 cancelled before or during the event. By signing below, I consent and agree to the terms of the above waiver.

Participant
Signature: _____

Printed Name &
Date: _____

Parent/
Guardian
Signature: _____

Printed Name &
Date: _____