

LIABILITY WAIVER FOR TRONA VALLEY FUN-DRAISER EVENT

I _____ know that participating in any of the Trona Valley FCU 5K race or 1 Mile event along with the 4 On 4 Volleyball, or Corn Hole tournament are potentially hazardous activities, 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, and 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 attest that I have read the rules of the race and agree to abide by them. I assume all risks associated with running/walking 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 or race path all such risks being known and appreciated by me. I understand that bicycles, skateboards, roller skates or roller blades, and animals are not allowed in the race and I will abide by all race rules. 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 **Trona Valley FCU 5K Walk/Run, 1 mile youth run, 4 on 4 Volleyball or Corn Hole Tournaments**, the city of **Mountain View**, and all event sponsors, their representatives, volunteers 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.

Signature: _____

Date: _____

PARENT/GUARDIAN LIABILITY WAIVER FOR TRONA VALLEY FUN-DRAISER EVENT

I _____, Parent and/or Guardian of _____, know that participating in any of the Trona Valley FCU 5K race or 1 Mile event along with the 4 On 4 Volleyball, or Corn Hole tournament are potentially hazardous activities, 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, and 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 attest that I have read the rules of the race and agree to abide by them. I assume all risks associated with running/walking 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 or race path all such risks being known and appreciated by me. I understand that bicycles, skateboards, roller skates or roller blades, and animals are not allowed in the race and I will abide by all race rules. 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 **Trona Valley FCU 5K Walk/Run, 1 mile youth run, 4 on 4 Volleyball or Corn Hole Tournaments**, the city of **Mountain View**, and all event sponsors, their representatives, volunteers 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.

Name of Child: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

Waiver of Emergency Medical Treatment

(Trona Valley FCU 5K Walk/Run, 1 Mile Run, 4 On 4 Volleyball or Cornhole Tournament)

I, _____, the undersigned participant in the above event(s), acknowledge that I have suffered an injury or illness during said event and have been offered medical assistance and/or transport to a medical facility for said injury. However, I have declined such medical assistance/transport to a medical facility and have willingly elected to continue in the above event with full understanding that my conduct may increase my risk of serious injury or death, including other unknown risks not reasonably foreseeable at this time, and that I willingly agree to assume all risk and accept personal responsibility for my actions and any damages as a result of such injury, including permanent disability or death, and I do hereby release, discharge and covenant to indemnify and not to sue the organizer(s) of said event, its affiliated organizations and sponsors, employees and associated personnel, officers, directors, agents, including the owners and lessors of premises used to conduct the event, and I also agree to save and hold harmless and indemnify each and all parties herein referred to above from all liability, loss, cost, claim or damage whatsoever as a result of my actions referenced herein.

I have read the above waiver/release and understand that I have given up substantial rights by signing this release and sign below voluntarily.

Participant Print Name: _____

Date: _____

Participant's Signature: _____

Race Number: _____

Witness Print Name: _____

Date: _____

Witness's Signature: _____

Parent/Guardian Waiver of Emergency Medical Treatment

(Trona Valley FCU 5K Walk/Run, 1 Mile Run, 4 On 4 Volleyball or Cornhole Tournament)

I, _____, Parent and/or Guardian of _____, the participant in the above event(s), acknowledge that I have suffered an injury or illness during said event and have been offered medical assistance and/or transport to a medical facility for said injury. However, I have declined such medical assistance/transport to a medical facility and have willingly elected to continue in the above event with full understanding that my conduct may increase my risk of serious injury or death, including other unknown risks not reasonably foreseeable at this time, and that I willingly agree to assume all risk and accept personal responsibility for my actions and any damages as a result of such injury, including permanent disability or death, and I do hereby release, discharge and covenant to indemnify and not to sue the organizer(s) of said event, its affiliated organizations and sponsors, employees and associated personnel, officers, directors, agents, including the owners and lessors of premises used to conduct the event, and I also agree to save and hold harmless and indemnify each and all parties herein referred to above from all liability, loss, cost, claim or damage whatsoever as a result of my actions referenced herein.

I have read the above waiver/release and understand that I have given up substantial rights by signing this release and sign below voluntarily.

Participant Print Name: _____

Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Witness Print Name: _____

Date: _____

Witness's Signature: _____