

# Liability Waiver

I know that running 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 in the Academy, and am in good health, and I am properly trained. I agree to abide by any decision of a academy personnel relative to any aspect of my participation in this Academy, 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 academy and agree to abide by them. I assume all risks associated with participating in this academy, including but not limited to: falls, physical contact with other participants, volunteers, academy personnel, contract service providers, employees, and spectators including the potential the contraction of a communicable disease resulting from contact with other participants, volunteers, academy personnel or volunteers, contract service providers, employees, and spectators. I assume all risks including: the effects of the weather; high heat and/or humidity; freezing cold temperatures; traffic and the conditions of the road (or trail, sidewalks, etc.) including surrounding terrain, and animals both wild and domestic. I further agree to abide by the Center for Disease Control's (CDC) recommendations for the prevention of the spread of communicable diseases. I assume all such risks being known, appreciated, and accepted by me.

I understand and I will abide by all academy rules. Having read this waiver and knowing these facts and inconsideration of your accepting my registration, I, for myself and anyone entitled to act on my behalf, waive and release Dan Morton, Inspired Running, the City of Kansas City, the City of Parkville, Park University, Parkhill School District and the Road Runners Club of America, all academy sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this academy, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. In addition, I acknowledge the contagious nature of communicable diseases and voluntarily assume the risk that I may be exposed to or infected by communicable diseases by participating in this academy. I acknowledge that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to a communicable disease in connection with my participation in this academy and personally assume this risk.

I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this academy for any legitimate purposes.

Name \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_