

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

In consideration of participating in the Hinds County Wellness 5K Fun Run/Walk (the "Run/Walk"), I represent that I understand the nature of running events and that I am qualified, in good health, and in proper physical condition to participate in such an activity. I acknowledge and agree that, if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. Furthermore, I will comply with instructions as provided by the Run/Walk supervisors, I will follow the stated route, and I will not embark until support staff is in place and the Run/Walk route is officially opened.

I fully understand and agree that running events are inherently dangerous activities that involve risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below or other causes; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the activity. I also fully understand that the "releasees" carry no accident, sickness, or medical insurance for any participants involved in the Run/Walk.

I hereby release, discharge, and covenant for myself, my heirs, executors and administrators, not to sue Hinds County, the City of Jackson or its administrators, directors, agents, officers, volunteers, employees, other participants, additional sponsors, advertisers, and, if applicable, owners and lessors of premises on which the activity takes place (each considered one of the "RELEASEES" herein) from any and all liability, claims, demands, losses, causes of action or damages of whatever kind or nature, arising from or related in any way to my participation in the Run/Walk. I further agree that if, despite this release, waiver of liability, and assumption of risk, I make a claim against any of the "releasees," I will indemnify, save, and hold harmless each of the "releasees" from any loss, liability, damage or cost which may be incurred as the result of such claim, including reasonable attorney's fees. This release, waiver of liability, assumption of risk and indemnity agreement shall be as broad and inclusive as permitted by the State of Mississippi.

I have read the attached **RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT** for the Hinds County Wellness 5K Fun Run/Walk (the "Run/Walk"). I understand by signing, I give up substantial rights and am signing it freely and without inducement or assurance of any nature. This document is a complete and unconditional release of all claims and liability to the greatest extent allowed by the law, and if any portion of this agreement is held invalid, the balance, notwithstanding, shall continue in full force and effect.

Signature of Participant

Date

Signature of Parent/Guardian
(required if Participant is a minor)

Date

PLEASE PRINT

Name

Address

Email

Phone (HOME)

(CELL)

T-shirt Size: S M L XL XXL

Sex: MALE FEMALE

Age on Race Day: _____

Skill Level: BEGINNER INTERMEDIATE ADVANCED

Team Name: _____

(Only if walking with a team/group.)