

**DEBORAH HOSPITAL FOUNDATION
ATHLETIC EVENT
WAIVER**

I know that _____ is an exerting and potentially hazardous activity. I will not enter and participate unless I am medically able and properly trained. I also know that there will be traffic on the course route. I assume the risk of _____ in traffic. I also assume all other risks associated with the event including, but not limited to, falls, contact, with other participants or spectators, the effects of the weather, including high heat and/or humidity, and the condition of the roads, all such risks being known and appreciated by me.

Knowing these facts, and in consideration of your accepting my application and entry fee, if any, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive, release, discharge and hold harmless Deborah Hospital Foundation, any affiliated corporations, or officers, directors, trustees, executive board members, employees, agents, volunteer(s) and/or any insurer of the foregoing, from any and all claims or liability for death, personal injury or property damage of any kind or nature whatsoever arising out of or in the course of my participation in this event.

This RELEASE and WAIVER extends to all claims of every kind or nature whatsoever, to use any photographs, videotape, motion pictures, recording, or any other record of this event for any purpose.

Applications for minors will be accepted only with a parent's signature.

Signature of Athlete

Date

Signature of Parent (If under 18 years of age)

Date

Sponsoring Chapter

Date