



## 2018 Training Program Waiver

I know that participating in a training program is a potentially hazardous activity. I should not enter and run/walk unless I am medically able and properly trained. I agree to abide by any decision of the training program staff relative to my ability to safely complete the training program. I assume all the risks associated with running/walking in this training program including, but not limited to: falls, contact with participants, the effects of 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 and your accepting of my entry, I, for myself and anyone entitled to act on my behalf, waive and release Kirby Medical Center, the City of Monticello, the Monticello School District, and all other sponsors, their representatives and successors from all claims of liabilities of any kind arising out my participation in this training program. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this training program for any legitimate purpose.

Name (Printed): \_\_\_\_\_

Name (Signed): \_\_\_\_\_

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