


Memorial Day  May 29, 2017  Durham, Maine

WAIVER

I KNOW THAT PARTICIPATING IN A RUNNING EVENT IS A POTENTIALLY HAZARDOUS ACTIVITY AND THAT I SHOULD NOT ENTER AND COMPLETE UNLESS I AM MEDICALLY ABLE AND PROPERLY TRAINED. I AGREE TO ABIDE BY ANY DECISION OF A RACE OFFICIAL RELATIVE TO MY ABILITY TO SAFELY COMPLETE THE EVENT. I ASSUME ALL RISKS ASSOCIATED WITH RUNNING IN THIS EVENT INCLUDING, BUT NOT LIMITED TO: FALLS, CONTACT WITH OTHER PARTICIPANTS AND WILDLIFE, THE EFFECTS OF THE WEATHER (INCLUDING TEMPERATURE AND PRECIPITATION), TRAFFIC AND THE CONDITIONS OF THE ROAD AND PATH, ALL SUCH RISKS BEING KNOWN AND APPRECIATED BY ME. 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 TOWN OF DURHAM AND THE DURHAM AM VETS POST 13 AND ALL STAFF, VOLUNTEERS, SPONSORS, PUBLIC AGENCIES, THEIR REPRESENTATIVES AND SUCCESSORS, FROM ALL CLAIMS OR LIABILITIES OF ANY KIND ARISING OUT OF MY PARTICIPATION IN THIS EVENT. FURTHER, I GRANT PERMISSION TO ALL OF THE FOREGOING TO USE ANY PHOTOGRAPHS, MOTION PICTURES, RECORDINGS, OR ANY OTHER RECORD OF THIS EVENT FOR LEGITIMATE PURPOSES.

Printed Name:	
Signature:	
Date:	

Parent or Legal Guardian for Persons under Eighteen (18) Years of Age or Legal guardian of incapacitated and/or mentally challenged person)

Printed Name of Guardian:	
Signature of Guardian:	
Relationship to Participant:	
Date:	

Emergency Contact Information

Name:	
Phone:	