

Walters State's SHAMROCK SHUFFLE – 5K



I understand that unofficial entrants cannot compete in our race. Unofficial entrants consume scarce resources and can delay or inhibit accurate race results. I understand that bicycles, skateboards, baby joggers, roller skates or blades and animals are not allowed in the race and I will abide by this guide-line.

Liability Release, Waiver, Discharge and Covenant Not to Sue / Medical Consent

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This is a legally binding Release and Medical Consent made by me, _____

to Walters State Community College, Tennessee Board of Regents, Walters State National Alumni Association, Walters State Community College Foundation, College Square Mall, CBL Morristown, LTD, CBL & Associates Management, Inc., CBL & Associates Properties, Inc., CBL & Associates Limited Partnership, CBL Holdings I, Inc., and ERMCI, L.P., Morristown Running & Hiking Club and all other promoters of the Walters State 5K including the race directors, organizers, administrators, officials, volunteers, and business sponsors herein after referred to as "Sponsors".

I fully recognize that there are dangers and risks to which I may be exposed by participating in the Walters State 5K on March 16, 2019. The following is a description and examples of specific, significant, non-obvious dangers and risks associated with this activity: foot and leg injuries or sprains, heat exhaustion, heart or breathing problems or theft of property.

I understand the Sponsors do not require me to participate in this activity, but I want to do so, despite the possible dangers and risks and despite this Release.

I therefore agree to assume and take on myself all of the risks and responsibilities in any way associated with this activity. In consideration of and in return for the services, facilities, and the other assistance provided to me by the Sponsors for this activity, I release the Sponsors from any and all liability, claims and actions that may arise from injury or harm to me, from my death, or damage to my property in connection with this activity. I understand that this Release covers liability claims and actions caused entirely or in part by any acts or failures to act of the Sponsors, including but not limited to negligence, mistake, or failure to supervise.

I understand that the Sponsors do not have medical personnel available at the location of the activity. I therefore grant the Sponsors permission to authorize emergency medical treatment, if deemed necessary by the Sponsors. I agree that the Sponsors assume no responsibility or liability for any injury or damage, which might arise out of or in connection with such authorized medical emergency treatment. I further state that I will be responsible for any medical costs that I may incur during or arising from my participation in this activity.

I recognize that this Release means I am giving up, among other things, rights to sue the Sponsors for injuries, damages, or losses I may incur. I also understand that this Release binds my heirs, executors, administrators, as well as myself.

I have read this entire Release; I fully understand it; and I agree to be legally bound by it.

This is a Release of Your Rights. Read Carefully Before Signing.

RELEASER'S SIGNATURE

DATE

PARENT OR GUARDIAN IF RELEASER IS UNDER 18 YEARS OF AGE

