



# SKYWAY 5K



## Participant Waiver for Race Registration

I know that running [volunteering for] a road race is potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the race and agree to abide by them. I assume all risks associated with running in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers, roller skates or roller blades, animals, and personal music players are not allowed in the race and I will abide by all race rules. Having read this waiver and knowing these facts and inconsideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release Skyway 5k Corporation, the city of St. Petersburg, FL, and the Road Runners Club of America, all event sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose. I understand that this event does not provide for refunds in the event of a cancellation, and by signing this waiver, I consent that I am not entitled to a refund if the event is cancelled before or during the event.

**Signature:**

**Date:**

**Parent's Signature if under 18 years:**

**Date:**

## **Waiver of Emergency Medical Treatment**

From time to time, medical directors for a race may experience someone that refuses to accept medical assistance or refuses to drop out of the race at the recommendation of medical staff. The following is a sample waiver that race directors and or race medical directors can have a participant sign if they refuse to medical treatment on course or refuse to drop out of an event against the recommendation of medical staff.

**Skyway 5K, October 14, 2017**

I, \_\_\_\_\_, the undersigned participant in the above event, acknowledge that I have suffered an injury or illness during said event and have been offered medical assistance and/or transport to a medical facility for said injury. However, I have declined such medical assistance/transport to a medical facility and have willingly elected to continue in the above event with full understanding that my conduct may increase my risk of serious injury or death, including other unknown risks not reasonably foreseeable at this time, and that I willingly agree to assume all risk and accept personal responsibility for my actions and any damages as a result of such injury, including permanent disability or death, and I do hereby release, discharge and covenant to indemnify and not to sue the organizer(s) of said event, its affiliated organizations and sponsors, employees and associated personnel, officers, directors, agents, including the owners and lessors of premises used to conduct the event, and I also agree to save and hold harmless and indemnify each and all parties herein referred to above from all liability, loss, cost, claim or damage whatsoever as a result of my actions referenced herein.

I have read the above waiver/release and understand that I have given up substantial rights by signing this release and sign below voluntarily.

**Participant Print Name:**

**Date:**

**Participant's Signature:**

## **VISITOR'S ACKNOWLEDGEMENT OF RISKS**

In consideration of the services of Skyway 5k Corporation, their officers, agents, employees, and stockholders, and all other persons or entities associated with those businesses (hereinafter collectively referred to as "Skyway 5k Corporation") I agree as follows:

Although Skyway 5k Corporation has taken reasonable steps to provide me with appropriate information, skilled event directors, and volunteers for, Skyway 5k Corporation, so I can enjoy this activity for which I may not be skilled, and Skyway 5k Corporation has informed me this activity is not without risk. Certain risks are inherent in this activity, Skyway 5k, including and cannot be eliminated without destroying the unique character of the activity. These inherent risks are some of the same elements that contribute to the unique character of this activity and can be the cause of loss or damage to my equipment, or accidental injury, illness, or in extreme cases, permanent trauma or death. Skyway 5k Corporation does not want to frighten me or reduce my enthusiasm for this activity, but believes it is important for me to know in advance what to expect and to be informed of the inherent risks. The following describes some, but not all, of those risks.

Inflammation, Cardiac Events, Osteoarthritis, etc.

I am aware that Skyway 5k Corporation entails risks of injury or death to any participant. I understand the description of these inherent risks is not complete and that other unknown or unanticipated inherent risks may result in injury or death. I agree to assume and accept full responsibility for the inherent risks identified herein and those inherent risks not specifically identified. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of and with full knowledge of the inherent risks.

I acknowledge that engaging in this activity may require a degree of skill and knowledge different than other activities and that I have responsibilities as a participant. I acknowledge that the staff of Skyway 5k Corporation has been available to more fully explain to me the nature and physical demands of this activity and the inherent risks, hazards, and dangers associated with this activity. I acknowledge that I have read information provided by Skyway 5k Corporation that is related to the nature and physical demands of this activity and the inherent risks, hazards, and dangers associated with this activity.

I certify that I am fully capable of participating in this activity. Therefore, I assume and accept full responsibility for myself, including all minor children in my care, custody, and control, for bodily injury, death or loss of personal property and expenses as a result of those inherent risks and dangers identified herein and those inherent risks and dangers not specifically identified, and as a result of my negligence in participating in this activity.

I have carefully read, clearly understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative and estate and for all members of my family, including minor children.

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**Signature Date**

**Signature of Parent of Guardian, if participant is under 18 years of age**

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**Signature Date**