Howard Community College

5K CHALLENGE RACE

RUN. CLIMB. CRAWL.

WAIVER/RELEASE

Howard Community College 5K Challenge Race

Waiver/Release I know that running [volunteering for] a running race is a potentially hazardous activity, which could cause serious 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 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 surface conditions, all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers, roller skates or roller blades, animals, and headsets are not allowed in the race and I will abide by this guideline.

Having read this waiver and knowing the facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, agree to indemnify and hold harmless Howard Community College, Howard County, MD, Bullseye Running, Columbia Association, and all sponsors, representatives and successors from and against any and all claims, suits, damages, liabilities and expenses, including attorney's fees and the costs of defense, in connection with loss of life, personal or bodily injury and/or damage to or loss of property that arises from the participation in the HCC 5K Challenge Race on October 4, 2026.

Further, I agree to abide by the rules and regulations of Howard Community College and grant permission to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

_____ _____

Signature of Participant/Athlete Date

_____ _____

Name of Participant (please print) Email

_____ _____

Signature of Parent/Guardian *(if Participant is under 18)* Date

Unisex T-shirt size

Cell phone number _____

Circle T-shirt Size: S M L XL XXL XXXL

Please return to the HCCEF - foundation@howardcc.edu