

Bloomington Area Runners Association

Event Waiver of Participation

Effective September 01, 2018

I know that running in and volunteering for organized group runs, social events, and races with this club are potentially hazardous activities, which could cause injury or death. I will not participate in any club organized events, group training runs or social events, unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform all activities associated with the club and am in good health, and I am properly trained. I agree to abide by all rules established by the club, 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 club and agree to abide by them. I assume all risks associated with participating in the activities of this club which may include: 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, roller skates, or roller blades are not allowed to be used in club organized activities and I agree to abide by this rule. I assume full responsibility for the behavior of guests, children, and/or pets that I bring to a club organized activity.

Having read this waiver and knowing these facts, I, for myself and anyone entitled to act on my behalf, waive and release the Bloomington Area Runners Association, the city of Bloomington, and the Road Runners Club of America, all club sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation with the club, 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 for any legitimate promotional purposes for the club.

Printed Name _____

Signature _____ **Date** _____

Emergency Contact

Name _____ **Phone** _____