

OFFICER ANTHONY THOMPSON SCHOLARSHIP FOUNDATION

15507 SOUTH NORMANDIE AVENUE #145, GARDENA, CALIFORNIA 90247

Participant Waiver for 5K Run Registration

(Please read before signing)

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 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 acknowledged by me. I understand that bicycles, skateboards, roller skates or roller blades, animals, and personal music players are not allowed in the race and will abide by all race rules. 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 Officer Anthony Thompson Scholarship Foundation Third Annual 5K Run/Walk, Harbor City, FAWWD, 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 names in this waiver. I grant permission to all the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purposes. I understand that this event does not provide for refunds in the event of 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. Also, if the event is cancelled due to a government closure due to COVID-19, funds will not be refunded.

Signature:

Date:

Parent's Signature if under 18 years:

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WAIVER of EMERGENCY MEDICAL TREATMENT

Officer Anthony Thompson Scholarship foundation 5K Run/Walk (11-19-22)

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 risk and 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. 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 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 Signature:

Race:

Witness Print Name & Signature:

