

RELEASE OF LIABILITY FOR PARTICIPANTS (2ND GRADE & UP)

Team Name: _____

Participant #1

Name: _____

Date of Birth: _____

Phone Number: _____

Emergency Contact Name: _____

Phone Number: _____

Relation: _____

Participant #2

Name: _____

Date of Birth: _____

Phone Number: _____

Emergency Contact Name: _____

Phone Number: _____

Relation: _____

IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN THE NIXON-SMILEY ADVENTURE RACE, I AGREE TO ASSUME ALL RISKS INHERENT IN PARTICIPATION IN SUCH PROGRAM, WHETHER THEY ARE APPARENT TO ME OR NOT. I CERTIFY THAT I AM IN GOOD PHYSICAL HEALTH AND FIT TO PARTICIPATE. NEVERTHELESS, I ACKNOWLEDGE THAT PARTICIPATION CARRIES AN INHERENT RISK OF INJURY TO MY PERSON AND DAMAGE TO MY PROPERTY. I HEREBY WAIVE AND RELEASE, FOR MYSELF AND FOR MY HEIRS AND ASSIGNS, ANY AND ALL CLAIMS, CAUSE OF ACTION, OR LIABILITIES WHICH MAY HEREAFTER ACCRUE AGAINST NIXON-SMILEY CISD EMPLOYEES, CLUBS, STUDENT ASSOCIATIONS, GRADE ORGANIZATIONS AND SPONSORS, VOLUNTEERS, OFFICERS, DIRECTORS, THE CITY OF NIXON AND ANY AND ALL SPONSORS, THEIR REPRESENTATIVES AND SUCCESSORS, THAT MAY ARISE AS A RESULT OF MY PARTICIPATION IN THE NIXON-SMILEY ADVENTURE RACE, INCLUDING ANY AND ALL CLAIMS FOR PERSONAL INJURIES CAUSED BY THE NIXON-SMILEY ADVENTURE RACE.

FURTHERMORE, I HEREBY GRANT FULL PERMISSION TO ANY AND ALL OF THE FOREGOING TO USE ANY PHOTOGRAPHS, MOTION PICTURES, RECORDINGS, OR ANY OTHER RECORD OF THESE EVENTS FOR ANY LEGITIMATE PURPOSE, INCLUDING COMMERCIAL ADVERTISING, WITHOUT MONETARY PAYMENT TO ME. (THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT.)

Participant #1 Signature: _____

Date: _____

Participant #2 Signature: _____

Date: _____

This section is to be read and signed by the Parent/Legal Guardian if Participant is a minor: AS THE PARENT/LEGAL GUARDIAN OF THE ABOVE-NAMED PARTICIPANT, I HEREBY WAIVE AND RELEASE ON BEHALF OF MY CHILD, ANY AND ALL CLAIMS, AND CAUSES OF ACTION, OR LIABILITIES WHICH MAY HEREAFTER ACCRUE AGAINST NIXON-SMILEY EMPLOYEES, CLUBS, STUDENT ASSOCIATIONS, GRADE ORGANIZATIONS AND SPONSORS, VOLUNTEERS, OFFICERS, DIRECTORS, THE CITY OF NIXON, AND ANY AND ALL SPONSORS, THEIR REPRESENTATIVES AND SUCCESSORS, THAT MAY ARISE AS A RESULT OF MY CHILD'S PARTICIPATION IN THE NIXON-SMILEY ADVENTURE RACE, INCLUDING ANY AND ALL CLAIMS FOR PERSONAL INJURIES CAUSED BY THE NIXON-SMILEY ADVENTURE RACE. IN ADDITION, I ACCEPT FULL RESPONSIBILITY FOR THE CARE AND SUPERVISION OF MY CHILD DURING THE ABOVE-DESCRIBED RUNS.

Participant #1 Parent/Legal Guardian

Signature: _____

Date: _____

Participant #2 Parent/Legal Guardian

Signature: _____

Date: _____