

2016 Emerald Coast MudRun Release And Waiver Of Liability

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for serious injury, death and/or property loss. These risks include, but are not limited to, terrain, facilities, temperature, weather, condition of athletes, lack of hydration, equipment, traffic, actions of other people, including but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event. I hereby assume all risks of participating in this event.

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, I am properly trained, and have not been advised otherwise by a qualified medical person.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this event. I understand my right to refuse medical care and advice of medical providers; if my medical condition becomes such that my mental capacity is questioned, I hereby provide medical providers the right to recommend and initiate treatment. I understand and agree that I assume liability for any and all medical expenses incurred as a result of training for and/or participating in the event, including but not limited to ambulance transport, hospital stays, physician and pharmaceutical goods and services.

If the participant is a minor, the parent or guardian hereby certifies that the minor child participating in the event has permission to participate and that the minor child is in good physical condition to safely participate in the event. Parent/Guardian hereby authorizes medical treatment for the minor child and grants access to the minor child's medical records as necessary and as stated above.

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 acknowledge that I have sole responsibility for my personal possessions and athletic equipment during the Emerald Coast MudRun and its related activities. I attest that I have read the requirements of the race and agree to abide by them and I hereby assume all risks of participating and/or volunteering in this event. I grant permission to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holders, sponsors and organizers, in which I may participate and that it will govern my actions and responsibilities at said event. 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 Heart of the Bride Ministries, Inc. and their representatives, Northwest Florida State College and their representatives, and all event sponsors and their representatives 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.

The Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document and understand its content and warrant that all statements herein are true and correct. I understand that all Releases have relied upon these statements in allowing me to participate in the event. I understand and agree that any dispute arising from this agreement shall be subject to arbitration in Okaloosa County, Florida and the arbitration procedure shall be controlled by the rules of the American Arbitration Association.

Notary Seal

Printed Name

Signature (Under 18 requires legal guardian signature and Notarization)

Date

Emergency Contact Name and Number

Notary