

RELEASE WAIVER

By registering and participating in the Spring Fam Jam, Color Run, you agree to the following release waiver:

I know and understand that running a Color Run is a potentially hazardous activity. I know, recognize, and appreciate these risks, realizing this is a strenuous activity which requires physical conditioning and hereby represent and certify that I am in good health and in physical condition to participate in this event and have not been advised otherwise by a qualified health professional.

I assume all risks associated with running in this event and acknowledge it carries with it the potential for death, serious injury, and property loss. I understand the risks include, but are not limited to, those caused by personal injury, partial or permanent disability, property damage, medical or hospital bills, theft or damages of any kind, reaction to the color product, contact with the color product, terrain, falls, traffic, obstacles, conditions of the road, contact and/or crashes with other participants, lack of hydration, water hazards, effects of weather including heat and/or humidity, any other hazard that may potentially arise, and actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, monitors, employees, agents, and/or Administrators. **HAVING READ AND UNDERSTOOD THE ABOVE, I EXPRESSLY ACKNOWLEDGE THAT I WILL ASSUME THE RISKS OF RUNNING AND PARTICIPATING IN THIS EVENT.**

I AGREE that prior to participating in this event, I will inspect the race course, facilities, equipment, and areas to be used and if I believe any to be unsafe, I will advise the person supervising the event, activity facility, or area.

In consideration of the acceptance of my participation, I hereby for myself, or anyone else who might claim on my behalf, covenant not to sue, waive, release, and discharge Autism Spectrum on the Emerald Coast, Inc., all entities involved with the organization, including all sponsors, partners, and affiliates, race directors, employees, agents, volunteers, organizers, event owners, host venue, all states, cities, counties, or localities in which the event or segments of the event are held, land owners, their representatives, and successors of this event from any and all claims, losses, or liability of any kind or nature whatsoever arising out of my participation in this event, even though such liability may arise out of negligence or carelessness on the part of any persons and/or entities named in this waiver.

Having read and understood this waiver and in consideration of your accepting my entry, I for myself and anyone entitled to act on my behalf, waive and release Autism Spectrum on the Emerald Coast, Inc., all entities involved with the organization, including all sponsors, partners, and affiliates, host venue, race organizers, volunteers, land owners, their representatives, and successors from all claims, losses, or liabilities of any kind resulting from my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons and/or entities named in this waiver.

I HEREBY AFFIRM THAT I HAVE READ THIS DOCUMENT AND UNDERSTAND ITS CONTENTS.

PRINTED NAME

SIGNATURE

PRINTED NAME

SIGNATURE OF LEGAL GUARDIAN
OR AUTHORIZED REPRESENTATIVE

DATE