



The Mane Event 2017 Waiver Form

PLEASE READ THIS DOCUMENT CAREFULLY.
BY REGISTERING FOR THIS EVENT YOU AGREE TO THE FOLLOWING:

ASSUMPTION OF RISK: I agree that I am and/or my child/ward is voluntarily participating in the activities offered by Legacy Christian Academy including but not limited to participating in the obstacle course racing, and the use of the equipment, facilities, and premises. I am assuming, on behalf of myself and/or my child/ward, all risk of personal injury to me and/or my child/ward that might result from such participation. I understand that participating in an obstacle course racing event with obstacles and mud has inherent risks. I agree not to participate unless I am medically able. By registering and/or participating in this event, I understand and accept the above risks of bodily injury related to the activities.

MEDICAL RELEASE: I consent to emergency medical care and transportation in order to obtain treatment in the event of injury to me as medical professionals may deem appropriate. This Release extends to any liability arising out of or in any way connected with the medical treatment and transportation provided in the event of an emergency.

RELEASE OF LIABILITY: I, the parent or guardian of the below named participant(s), after reviewing this waiver, hereby give my approval to this child's participation in the race and its activities. I assume all risks and hazards incidental to such participation in Legacy's Mane Event Obstacle Course and Cub Run, and I hereby waive, release, absolve, indemnify, and agree to hold harmless Legacy Christian Academy and its employees, volunteers, sponsors, supervisors, and participants for any claim arising from participation in the Legacy's Mane Event Obstacle Course and Cub Run. I also agree to indemnify Legacy Christian Academy, from any and all third party claims caused in whole or in part by my actions.

MEDIA RELEASE: I further grant Legacy Christian Academy the right to photograph and/or videotape me and/or my child/ward and to use my child's/ward's name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, and promotional materials without reservation or limitation.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS RELEASE AND WAIVER, and was given the opportunity to ask questions, consider its effects, understand its content, and agree to the terms as stated above.

Parent Name (please print): _____

Signature _____ Date _____

Child's Name _____

Child's Name _____

Child's Name _____

Child's Name _____