**23rd Annual Walk with a Friend**

5K Run & 1 Mile Walk

April 15, 2023

**Team Liability Waiver Form**

A waiver must be signed by each participant.

In consideration of accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all right and claims for damages, injuries, or illnesses that I may have against Friends of Kids with Cancer, RunSignup.com, Creve Coeur Lake Memorial Park, anywhere I choose to participate, and all of their agents assisting with the event, sponsors and their representatives, volunteers, and employees for any and all injuries/illnesses to me or my personal property. This release includes all injuries, damages and/or illnesses suffered by me before, during or after the event. I recognize, intend, and understand that this release is binding on my heirs, executors, administrators, or assignees.

I know that running a race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typical found in running a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition.

In the event of an illness, injury, or medical emergency arising during the event I hereby authorize and give my consent to Friends of Kids with Cancer to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization.

By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver.

Further, I grant permission to all the foregoing to use my name, voice, and images of myself in any photographs, motion pictures, race results, publications or any other print, videography, or electronic recording of this event for legitimate purposes.

Date: \_\_\_\_\_\_\_\_\_\_ Team Member Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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