

Tacoma Community College
H.I.T. the Trail 5k Scholarship Run/Walk

Name _____
Address _____
City/Zip/State _____
Phone _____
E-Mail _____
Birth date _____ / _____ / _____ Age _____

We are excited that you are participating in H.I.T. the Trail 5k Scholarship Run/Walk! **Please note:** You should consult with your physician before participating in this event, especially if you have any of the following conditions: high blood pressure, heart problems, a family history of heart disease, foot problems, low or high blood sugar, diabetes, weight problems or other health concerns.

By registering for this event, whether online or with a paper copy, you execute this release, waiver and assumption of risk; and further, you certify, agree with and accept the following in consideration of TCC's acceptance of your registration:

I know that running and participating in events like this can be dangerous. I am aware of the dangers and precautions that must be taken when running in hot or cold conditions. I have no physical, medical, mental or emotional impairments, conditions, or concerns that might jeopardize or affect my safety, or the safety of others, as related to my participation in this event. I accept the risks of participating in this event, which include but are not limited to falling, collisions, uneven surfaces and other surface hazards, weather, heart attack, bee stings, knee and foot problems and other health related conditions.

In case of emergency or my injury, I request that the following person(s) be contacted. If this person or persons cannot be reached in a timely manner by reasonable means, I grant permission for the administration of emergency measures by TCC or others to sustain my life and stabilize my condition while awaiting medical assistance personnel or my designated emergency contact(s). In case of emergency contact:

Emergency Contacts

Name _____ Phone _____ Text _____

Name _____ Phone _____ Text _____

Read this Release and Waiver In consideration of acceptance of my participation in this event, I, the undersigned, intending to be legally bound for myself, my family, my heirs, executors and administrators, forever waive, release, discharge and hold harmless Tacoma Community College and any and all other sponsors of the event, and their employees, trustees, agents, representatives, successors and assigns, from any and all rights, claims, demands, causes of action or liability for damage for any and all injuries to me and my property, or for damage caused by me or by anyone else, arising out of my participation in this event. This release and hold harmless agreement extends to all claims, demands, causes of action of every kind and nature whatsoever, whether known or unknown and I expressly waive any benefits I may have under any statute or law relating to the release of unknown claims. I further assume and will pay my own medical and emergency expenses in the event of an accident, illness or other incapacity regardless of whether I have authorized such expenses in advance.

I have read and understand the forgoing release, waiver and assumption of risk. I execute it below as consideration and part payment for the right to participate in the H.I.T. the Trail 5k Scholarship Run/Walk; and do so with full knowledge that by signing below I waive legal rights to which I otherwise would be entitled.

Participants Signature _____ Date _____

Participants 18 or younger need parental/guardian signature.

I, the undersigned parent or guardian of the participant, fully understand the description of risks and nature and effect of the waiver, release and assumption of risk set forth above, and accept the conditions of the participant's participation in the [insert name of event]. He/she has my permission to participate in this event.

Parent/Guardian Signature _____ Date _____