

# RELEASE AND WAIVER – Volunteer Waiver

1. I understand that my execution of this Waiver is a prerequisite for participation in the Divas Half Marathon and its related activities and/or events (collectively the "Event").
2. I understand that in order to be allowed to participate in the Event, I, for myself and my heirs and executors, hereby release and forever discharge Continental Event and Sports Management Group LLC, USATF, all municipal agencies and other persons or entities associated with the event, and each of their respective employees, agents, volunteers, representatives and affiliates (the "Releasees"), from all liabilities, claims, actions or damages that I may have against them arising out of or in any way connected with my participation in the event.
4. I understand and agree that this release will have the effect of releasing, discharging, waiving, and forever relinquishing any and all actions or causes of action under the law that I may have or have had on my own behalf and on behalf of my survivors, heirs and estate, whether past, present or future, whether known or unknown, and whether anticipated or unanticipated by me, arising out of my participation. This release constitutes a complete release, discharge and waiver of any and all actions or causes of action against the Releasees, including claims for wrongful death. I understand and agree that this release applies to personal injury, property damage, or wrongful death that I may suffer.
6. I understand that I am solely responsible for my health and safety, and I acknowledge that I am physically capable of participating in and completing this Event.
7. As a Volunteer: I understand that I will be part of the volunteer service organization on the Event.
8. I grant permission to each of the Releasees to use my name, photographs, videotapes, motion pictures, and other media of any kind or any other record of the event for any legitimate purpose, including promotional efforts of any kind, without compensation to me
9. Should any portion of this Waiver be judicially determined invalid, voidable or unenforceable, for any reason, such portion of this Waiver shall be severable from the remaining portions herein and the invalidity, voidability, or unenforceability thereof shall not affect the validity, effect, enforceability, or interpretation of the remaining provisions of this Waiver. I warrant that all statements made in this release agreement are true and correct and I understand that the Releasees have relied on them in allowing me to participate in the event. I HAVE READ THE FOREGOING, UNDERSTAND ITS CONTENTS AND INTENTIONALLY AND VOLUNTARILY CERTIFY COMPLIANCE BY ACCEPTING THIS WAIVER.

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Participant Name (Please Print)

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Signature of Participant

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Date

**IF THE PARTICIPANT IS UNDER THE AGE OF 18:** I, as the parent or guardian of the above named minor, give my permission for my child or ward to participate in the event, and further agree individually on behalf of my child or ward, to the terms above. I further certify that my child/ward is in good physical condition and is able to safely participate in the event. I hereby authorize medical treatment for him/her and grant access to my child/ward's medical records as necessary.

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Parent/Guardian Name (Please Print)

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Signature of Parent/Guardian (required if participant in under 18)

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Date