

# FNC Park Spring in Your Step 5k Run/Walk Registration Form

Name _____	Age _____	Male _____	Female _____
Address _____			
City _____	State _____	Zip Code _____	
Home Phone _____	Email _____		

## RELEASE AND WAIVER OF LIABILITY AGREEMENT

ALL PARTICIPANTS IN THE FNC PARK "SPRING IN YOUR STEP" 5K ("FNC Park 5K") ARE REQUIRED TO ASSUME ALL RISK OF PARTICIPATION IN THE RACE BY SIGNING THIS GENERAL RELEASE AGREEMENT. The undersigned athlete ("Athlete") on behalf of himself/herself and on behalf of Athlete's personal representatives, assigns, heirs and executors hereby fully and forever releases, waives, discharges and covenants not to sue FNC, Inc. and all public or private agencies whose property and/or personnel are used and all other sponsoring or co-sponsoring companies or individuals related to the FNC Park 5K (collectively "Releasees") from all liability to the Athlete and his/her personal representatives, assigns, heirs and executors, for all losses or damages and any and all claims or demands therefore, on account of injury to the Athlete or property or resulting in the death of the Athlete, whether caused by the active or passive negligence of all or any of the Releasees or otherwise, in connection with the Athlete's participation in the FNC Park 5K. The Athlete represents and warrants that he/she is in good physical condition and is able to safely participate in the FNC Park 5K. The Athlete is fully aware of the risks and hazards inherent in participating in the FNC Park 5K and hereby elects to voluntarily compete in the FNC Park 5K, knowing the risks associated with the FNC Park 5K. The Athlete hereby assumes all risks of losses, damages, or injuries that may be sustained by him/her while participating in the FNC Park 5K. The Athlete agrees to the use of his/her name, likeness, image and photograph in broadcasts, newspapers, brochures and other media without compensation. The Athlete acknowledges that the entry fee is non-refundable and non-transferable. In the event of an injury, the Athlete hereby authorizes medical treatment and grants access to his/her medical records as needed. The Athlete warrants that all statements made herein are true and correct and understands that Releasees have relied on them in allowing Athlete to participate in the FNC Park 5K. IF ATHLETE IS UNDER AGE 18: The parent/guardian certifies that my son/daughter has my permission to participate in the FNC Park 5K. The parent/guardian has read the foregoing RELEASE AND WAIVER OF LIABILITY AGREEMENT and by accepting the waiver intentionally and voluntarily agrees to its terms and conditions. The parent/guardian further certifies that my son/daughter is in good physical condition and is able to safely participate in the FNC Park 5K. In the event of an injury, I hereby authorize medical treatment for my child and grant access to his/her medical records as necessary. ATHLETE HAS READ THE FOREGOING AND INTENTIONALLY AND VOLUNTARILY ACCEPTS THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT.

\_\_\_\_\_  
Signature of Athlete or Parent

\_\_\_\_\_  
Print Name