



Amazing Race Saturday, October 26, 2019

Assumption of Risk and Waiver of Liability

NAME: _____

ADDRESS: _____

PHONE: _____ **Email:** _____

In consideration of myself or my child being allowed to participate in the "Healthy Plymouth's Amazing Race Event" to be held on Saturday, October 26, 2019, I, on behalf of myself, heirs, executors or assigns, hereby release and discharge Healthy Plymouth and its Partners from any and all claims, demands, rights of cause of action, injuries, or damages resulting from or arising out of incident to my or my child's participation in this event.

I understand that I/my child are participating in the event at our own risk and that Healthy Plymouth and its Partners shall not be liable for any injuries or any damages to me/my child, my property, or be subject to any claim, demand, injury, or damages whatsoever.

I hereby further declare that I/my child is not suffering from a condition, impairment, disease, infirmity, or illness that would prevent me/my child from participating in the "Healthy Plymouth's Amazing Race Event", except as herein stated. I acknowledge the recommendation to have annual or more frequent physical examinations and consultations with our physician(s) as to physical activity. I acknowledge that I/my child has either had a physical examination and have been given my/my child's physician's permission to participate, or I/my child have decided to participate in the "Healthy Plymouth's Amazing Race Event" without consent/consultation of our physician(s) and hereby assume all responsibility for all participation in the event.

I have read this Waiver of Liability, or have had it read to me, and I understand its contents. I have been given the opportunity to ask questions and all of my questions have been answered to my satisfaction.

SIGNATURE OF PARTICIPANT: _____ **DATE:** _____

SIGNATURE OF PARENT/GUARDIAN (for participant's under 18 years of age):

_____ **DATE:** _____