



Wolfson Children's Challenge

RACE DAY WAIVER FORM

Runner added to relay: _____

Team Name: _____

AGE: _____ SEX (circle one): MALE - FEMALE

Waiver

In consideration of you accepting this entry, I, the participant, intending to be legally bound and hereby waive or release any and all right and claims for damages or injuries that I may have against the Event Director, RunSignUp.com, PRS Race Timing, LLC, Municipalities, Baptist Health System Foundation, Inc. d/b/a Baptist Health Foundation for the benefit of Southern Baptist Hospital of Florida, Inc. d/b/a Wolfson Children's Hospital and Baptist Health System, Inc. d/b/a Baptist Health, Precision Meeting and Event Management, LLC, and all of their agents assisting with the event, sponsors and their representatives and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages 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 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 my physical condition has been verified by a licensed Medical Doctor. 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 waiver.

Participant Signature: _____

