



5K Running Clinic Registration

Name _____

Ph.# _____

Address _____

Email _____

Tshirt Size; (circle) XS S M L XL XXL Female Male
Race Run/Walk Walk

Participant Waiver for Race Registration

I know that running is potentially a hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able, and by my signature, I certify that I am medically able to participate in this event, and am in good health. I agree to abide by any decision of a Club official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I assume all risks associated with running in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including cold, rain, snow, traffic and the conditions of the road all such risks being appreciated by me. I understand that animals and headsets are not allowed during this event and I will abide by this guideline. Having read this waiver and knowing these facts and in consideration of your accepting my registration, I, for myself and anyone entitled to act on my behalf, waive and release the Comox Valley Road Runners 5K Running Clinic, in the city of Courtenay, and all sponsors, volunteers, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

I acknowledge that if I suffer an injury or illness during said event I will be offered medical assistance and/or transport to a medical facility for said injury. However, if I decline such medical assistance/transport to a medical facility and willingly elected to continue in the above event with the full understanding that my conduct may increase my risk of serious injury or death, including other unknown risks not reasonably foreseeable at this time, I willingly agree to assume all risk and accept personal responsibility for my actions and any damages as a result of such injury, including permanent disability or death, and I do hereby release, discharge and covenant to indemnify and not to sue the organizer(s) of said event, its affiliated organizations and sponsors, employees and associated personnel, officers, directors, agents, including the owners and lessors of premises used to conduct the event, and I also agree to save and hold harmless and indemnify each and all parties herein referred to above from all liability, loss, cost, claim or damage whatsoever as a result of my actions referenced herein.

Signature: _____ Date: _____

Parent's Signature if under 18 years: _____

for more info contact;
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