

Minor Acknowledge of Risk and Waiver of Liability

Event: Cahuilla Rez Ultras (24H/12H/Relay/Half Marathon/Kids 5k)

Participant Information

Name: _____ Date(s): _____

Street Address: _____ Age: _____ Sex: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

List any allergies:

List any medical conditions:

Current medications:

Emergency Contact Name: _____ Telephone# _____

Read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document.

If you are under the age of 18, this form must be signed by you as the participant AND by your parent or legal guardian.

I know that participating in a Cahuilla Rez Ultras event is a potentially hazardous activity and I should not enter and participate unless I am medically able and properly trained. I acknowledge and assume any and all risks associated with this event including, but not limited to, traffic on the course route, falls, contact with other participants, and the condition of the course, including, but not limited to, curbs, cars, uneven pavement, potholes, rocks, and objects on the course surface. Knowing and appreciating these risks and in consideration of your acceptance of my entry, I hereby for myself, my heirs, representatives or anyone else claiming on my behalf, covenant not to sue, and waive, release, and discharge Red Road Racing, the Cahuilla Band of Indians, event volunteers, and sponsors, and anyone else acting for or on behalf the Cahuilla Rez Ultras/Red Road Racing from any and all claims of liability for death, personal injury, or damage of any kind arising out of my participation in this run. This Acknowledgement of Risk and Waiver of Liability extends to all claims of every kind whatsoever. I also consent to emergency treatment in the event of injury or illness. I grant full permission to Red Road Racing and/or any person or entity authorized by it to use my name, age, date of birth, finish place and finish time in the public domain. I further grant full permission for Red Road Racing to use any photographs, recordings, or any other record of this event for any purpose. I also understand that as a minor I may be asked to stop at any time during the race for any reason if the event organizers deem it unwise to continue. **Furthermore, as parent/guardian I understand that my dependent, aged 15 or younger, is granted permission to participate in Cahuilla Rez Ultras conditionally upon my accompaniment during the entire duration of the event. My signature acknowledges that I have read the above waiver and I agree and accept all terms and conditions set forth herein.**

In signing the Acknowledgement of Risk and Waiver Liability I hereby acknowledge and represent: (a) that I have read this document in its entirety, understand it, and sign it voluntarily; and (b) that this Acknowledgement of Risk and Waiver of Liability is the entire agreement between the parties hereto and its terms are contractual and not a mere recital.

Participant Signature: _____ Date: _____
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REQUIRED FOR ALL PARTICIPANTS UNDER 18 YEARS OF AGE:

PARENT OR GUARDIAN'S AUTHORIZATION FOR MEDICAL CARE AND CONSENT AGREEMENT

I certify that I am the parent or legal guardian of the above-named participant in the Cahuilla Rez Ultras. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the participant as a dependent, I have read the above agreement, I understand the contents of this Acknowledgement of Risk and Waiver of Liability, assent to its terms and conditions, and sign this Acknowledgement of Risk and Waiver of Liability of my own free act. I acknowledge that my dependent and I have agreed to the terms and conditions of my dependent's participation in Cahuilla Rez Ultras, and I hereby give my consent to participation by my dependent in the race, and to receive medical treatment determined to be necessary. I further agree to hold harmless, indemnify and defend Red Road Racing and the Cahuilla Band of Indians from and against all claims, demands or suits that my dependent has or may have.

Parent or Guardian Signature: _____ Date: _____