

SAND MOUNTAIN CUP

FULL NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIPCODE:** _____

AGE: _____ **GENDER:** _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT:

PARTICIPANT WAIVER/VOLUNTEER WAIVER FOR RACE

I know that participating in this event put on by Family Services of North Alabama is a potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained and, by my signature, I certify that I am medically able to perform in this event and that I am in good health while being properly trained. I agree to abide by any decision of event officials relative to any of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read this waiver and agree to abide by all rules. I assume all risks associated with running, walking or participating in this event, including but not limited to falls, contact with other participants, the effects of weather, including high heat and/or humidity, traffic, and conditions of the field, all such risks being known and appreciated by me. Having read this waiver and knowing these facts in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release Family Services of North Alabama, Hope Church of Albertville, and all event sponsors and 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 foregoing to use my photographs for any legitimate purpose.

Signature: _____ **Date:** _____