



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender: Male Female (circle) DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Alternate E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

**WAIVER OF PUBLICITY:** I agree that images of me may be used in any legal manner without payment to me. I have read and understand all of this. I make this agreement and pay my entry fee in exchange for the privilege of participating under the race committee's conditions.

**WAIVER OF LIABILITY:** I fully appreciate and assume the risks of participating in Track and Field, cross country, or any other sport, on a track or open course that has vehicular traffic – risks including death or injury due to vehicles, falls, collisions, hostile or careless actions by humans or animals, uneven pavement, road obstructions, adverse weather, sudden illness, and all risks. I am physically fit for the event I enter. I authorize event officials to provide medical attention at my expense should I appear in need. For injuries that I sustain, including death, I give up for myself and my heirs and others acting on my behalf or my estate's behalf all claims against club organizers, sponsors, local governments, enforcement personnel, volunteers, training staff, suppliers, contractors, and anyone else connected with organization of the event.

**COVID WAIVER:** In consideration of being allowed to participate in any way in the Cape Fear Flyers NC Inc. youth running program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) from the activities involved in this program are significant, potentially

(Complete on Back)

life-threatening, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist.

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation.

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If,

however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.

4. I acknowledge that I am aware that there are risks to me of exposure to directly or indirectly arising out of, contributed to, by, or resulting from:

- An outbreak of any and all communicable disease, including but not limited to, the virus “severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)”, which is responsible for Coronavirus Disease (COVID19) and/or any mutation or variation thereof;

5. In consideration of having the opportunity to participate as either a team member, competitor, coach, regular spectator, volunteer or an umpire at any location, and in acknowledging that I am aware of and willing to assume the risks associated with this activity, I hereby voluntarily agree to waive, hold harmless and indemnify Cape Fear Flyers NC Inc. and their board members, trustees, agents, volunteers and employees from any and all claims, demands, damages and causes of action of any nature whatsoever arising out of ordinary negligence which I, my heirs, my assigns or successors may have against them for, on account of, or by reason of my participation in the above activities. I indicate my agreement to this hold harmless elective noted below.

**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of the activity and his/her responsibilities for adhering to the rules and regulations. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child’s/ward’s involvement or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent \**  
**(Or Responsible Party above the age of 18 years)**