



Kinzua Country Tango Waiver

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY:

In recognition of the inherent risks of the activity which I and/or my children for which I am responsible, will engage in, I confirm that I am/we are physically and mentally capable of participating in the activity and/or using equipment. I/we participate willingly and voluntarily and I assume responsibility for damages to or loss of my/our personal property. I also assume risk for accidents or injury caused during the race. I agree to follow all race rules. I assume the risk(s) of personal injury, accidents and/or illness, including but not limited to wounds, scrapes, abrasions and/or contusions, oxygen shortage (anoxia), head, neck and/or spinal injuries, shock, paralysis, and/or death.

CONVENANT OF GOOD FAITH: I recognize that you, as provider of services, will operate under a covenant of good faith and fair dealing, but that you may find it necessary to refuse or terminate, the participation of any person you judge to be incapable of meeting the rigors or requirements of any activity. I accept your right to take such actions for the safety of myself and/or other participants.

AUTHORIZATION: I hereby authorize any medical treatment deemed necessary in the event of any injury or illness while participating in the activity. I either have appropriate insurance or, in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my/our behalf. I agree that any film or photographs of me/us, as participants, become YMCA property and may be used for promotional or commercial purposes.

RELEASE: In consideration of services provided, I, for myself and my children for whom I am parent, legal guardian or otherwise responsible, any heirs, personal representatives or assigns, due hereby release: Warren County YMCA, and any Kinzua Country Tango race staff, their principals, directors, officers, agents, employees and volunteers, from all liability and waive any claim for damage arising from any cause whatsoever (except that which is result of gross negligence).

I have read and understood the forgoing acknowledgement of risks, assumption and responsibility, and release of liability. I understand that by signing this form I am be waiving valuable legal rights. I understand the description of these risks is not complete and that other unknown or unanticipated risks may result in injury, illness, or death. _____ Initial.

PARTICIPANT'S NAME (PRINTED): _____ AGE: _____

SIGNATURE: _____ DATE: _____

BIRTHDATE: _____ PHONE: (____) _____

ADDRESS: _____ CITY,STATE,ZIP: _____

EMAIL ADDRESS: _____ T-SHIRT CUT: m/f T-SHIRT SIZE: _____

IN AN EMERGENCY, NOTIFY (name): _____ PHONE (____) _____

WITNESS _____ DATE _____

IF THE PARTICIPANT/MEMBER IS UNDER 18, THE PARENT OR LEGAL GUARDIAN MUST ALSO SIGN:

X _____ RELATIONSHIP: _____