

2017 BORN TO RUN ULTRA MARATHON WAIVER

I know that running, volunteering and or supporting a trail race is 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 this event, and am in good health, and I am properly trained. I agree to abide by any decision of a race 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 attest that I have read the rules of the race and agree to abide by them. I assume all risks associated with running in this event, including but no limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the trail and ranch property, snakes, livestock, poison oak, dogs and all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers, roller skates or roller blades, animals, and personal music players are not allowed in the race and I will abide by all race rules. Having read this waiver and knowing these facts and inconsideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Born To Run Ultra Marathon, Luis Escobar, All We Do Is Run, The Ted Chamberlin Ranch and the Road Runners Club of America, all event sponsors, 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 have read the above waiver/release and understand that I have given up substantial rights by signing this release and sign below voluntarily.

Participant Print Name:

Date:

Address:

Phone:

Email:

Emergency Contact Name and Phone:

Participant's Signature: