

Team Number: \_\_\_\_\_

**DO NOT MAIL WAIVERS (Bring them with you )**

**DECLARATION OF ASSUMPTION OF RISK AND WAIVER OF LIABILITY**

**WHEREAS**, The Ultimate Challenge MudRun, hereinafter described as "MUDRUN": and

**WHEREAS**, participating in this event is physically demanding and mentally challenging and is a dangerous and hazardous activity; and

**WHEREAS**, the undersigned acknowledges that he or she is familiar with the hazards, the potential for attendant personal injury, illness or damage while participating in the Mud Run, and has either previously participated in the Mud Run or has read materials describing the Mud Run or has otherwise evaluated to his or her complete satisfaction the potential for personal injury, illness or damage and further completely understands that participation in the Mud Run requires proper physical conditioning; now therefore, in consideration of being allowed to participate in the Mud Run the receipt and sufficiency of which consideration is hereby acknowledged,

I, \_\_\_\_\_, do hereby, for myself, my heirs, executors, administrators, personal representatives, trustees, assigns, and anyone entitled to act on my behalf, irrevocably release and forever discharge the (A) MUDRUN, its officers, agents, servants and employees, sponsors, (B) the Culler family (the owners of the property), (C) promoters, managers, inspectors, officials, volunteers and medical staff, and (D) any and every other person participating in or assisting with the Mud Run, and their respective heirs, successors or assigns from any and all liability arising out of or related to, all claims for damages, injury or illness of any kind or nature, resulting from or alleged to result from my participation in the Mud Run and/or activities related to the Mud Run and damages of any and every kind suffered by me as a result of my participating in or travel to or from the Mud Run and I further agree to indemnify and hold harmless those released for costs, attorneys fees, or other expenses should I or any person for or on my behalf file a legal action against MUDRUN or any of those described in this document; furthermore

I recognize and acknowledge that participating in the Mud Run is a potentially hazardous activity. I am aware of and understand the risks associated with participating in the Mud Run, including, but not limited to, the effects of the weather, contact with other race participants, slipping and falling, high heat or humidity, completion, or attempted completion, of obstacles, defects of or in condition of premises, penalties for failing to attempt or complete obstacles, traffic and conditions of the road. I know, recognize and appreciate these risks, realizing this is a strenuous activity which requires physical conditioning and hereby represent and certify that I am in good health and in physical condition to participate in the Mud Run. I agree to abide by any decision of a race official relative to my ability to safely complete the Mud Run. I understand that by execution of this legally binding document, state that I have read and fully understand this document and the conditions of entering and participating in the Ultimate Challenge Mud Run, and I hereby declare that I have assumed all of the risk in doing so.

\_\_\_\_\_ Initial Here

**PHOTO RELEASE**

I give permission to MUDRUN for the full, free and unconditional use of my name and photograph taken in connection with the Mud Run in any type media, written account, broadcast or telecast of this event from beginning to end for any legitimate purpose.

\_\_\_\_\_ Initial Here

**CONSENT TO TREAT**

I authorize the doctors and staff onsite at the Mud Run to administer such procedures and treatment to my minor child as they deem necessary. I understand that said doctors and staff make no guarantees of cure. I have read and understand the policies set forth above. I further agree to accept complete financial responsibility for any charges related to treatment of an injury or illness sustained as a result of my participation in the Mud Run.

\_\_\_\_\_ Initial Here

Participant Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Parent or Guardian Name: \_\_\_\_\_  
Name of Person present onsite raceday \_\_\_\_\_

School/Organization: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Parent or Guardian Phone Number: \_\_\_\_\_  
Cell Phone No. \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Participant Signature/Signature of Parent or Guardian if a Minor

\_\_\_\_\_  
Date of Race