

## LIABILITY RELEASE

**Please Print**

**Team Name** \_\_\_\_\_ **Name of Participant** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Address** \_\_\_\_\_

**Person to contact in case of emergency** \_\_\_\_\_ **Phone#** \_\_\_\_\_

I am the participant named above, and I am signing this Liability Release as a condition of participating in the Slate Creek Relay ("the Race") in Wellington, Kansas. I am or will be at least sixteen years of age on July 25, 2015.

I understand that the Race consists of bicycling, motorcycling, horse racing, running, and canoeing. I also understand that the Race will be conducted over a varied course that includes natural and man-made hazards. I also understand that there will be other participants on the course and that there will be interaction among participants. I also understand that the temperature on race day will likely be high, that I will be racing in the heat. I understand that all of these things can be dangerous and I understand and assume the risks involved in the Race.

I understand that many people are assisting with the Race and that most or all of these people are volunteers. I hereby release the State of Kansas and its agents, Sumner County and its agents, Wellington Township and its agents, the City of Wellington and its agents, the Wellington Chamber of Commerce and its members and agents, all volunteers associated with the Race, and all other racers from all liability for injuries or damages I may receive during, connected with, or as the result of the Race, including those caused by negligence of any person..

I also give any person associated with the Race the authority to obtain medical care for me should such care be needed and I am unable to obtain such care for myself.

If there is any portion of this Liability Release that is not enforceable that will not affect the enforceability of any other provision.

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Signed

Dated

THE FOLLOWING PORTION OF THIS LIABILITY RELEASE MUST BE COMPLETED FOR ALL PARTICIPANTS WHO ARE **NOT** AT LEAST 18 AS OF JULY 25, 2015:

### AUTHORIZATION FOR A NON-ADULT COMPETITOR

**Name of Parent or Guardian:** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone number** \_\_\_\_\_

I am the parent or guardian of the participant named above, I have read the above Liability Release, and I agree to and accept all of its provisions.

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Signed

Dated