

Great Amazing Race

Emergency Medical & Liability Release Form

I, the parent or legal guardian of the individual listed on this form, certify that he/she has my full approval to participate in this activity. The individual identified on this form understands that all participants are expected to abide by the activity rules. The director has the authority to require individuals to leave due to conduct and inappropriate behavior. As a result, no refund is required.

Further, I do release and hereby agree to hold blameless activity sponsor, and its employees and agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with the activity. I also release the lessor of properties on which the activity is held.

Further, I do authorize the sponsor of this activity in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Further, I do authorize the activity sponsor to use my photographs and video footage shot at the activity for media and promotional purposes.

Further, I do certify that said individual is covered by adequate accident insurance. I have read and agree to the information given in this entire form. My consent and signature is given below.

Participant #1: _____

Participant #2: _____

Parent/Guardian Signature: _____

Date: _____