

MCAC 5K RELEASE FORM

ALL PARTICIPANTS IN THE MATTAWOMAN CREEK ART IN THE PARK 5K ("Event") ARE REQUIRED TO ASSUME ALL RISK OF PARTICIPATION BY ACCEPTING THIS GENERAL RELEASE AGREEMENT.

In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all right and claims for damages or injuries that I may have against Mattawoman Creek Art Center and Smallwood State Park, its volunteers and employees in addition to all sponsors, their representatives and successors and all of their agents assisting with the event, for any and all injuries to me or my personal property, or to my minor child/children participating in this event. This release includes all injuries and/or damages suffered by me or my participating child/children before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

I know that running/walking a road race is a potentially hazardous activity. I and/or my participating child/children should not enter and run unless I/we am/are medically able to do so and properly trained. I assume all risks associated with running/walking in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typically found in running/walking a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run/walk. I certify as a material condition to my being permitted to enter this race that I and/or my participating child/children am/are physically fit and sufficiently trained for the completion of this event.

In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization.

By submitting this entry, I (or a parent or adult guardian for all children under 18 years) acknowledge having read and agreed to the above release and waiver.

Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, video graphic or electronic recording of this event for legitimate purposes.

Refund Policy: I acknowledge that this is a fund-raising event, and my entry fee is non-refundable including if the race is cancelled, and my entry is non-transferable.

Printed Name of Participant

Signature of Participant or Authorized Parent/Guardian

Date _____, 2024