

Zombie Chase 5k

Liability Waiver and Run Agreement Form

In consideration of my (or if the participant is a minor, the minor's) entry and/or participation in the ZOMBIE CHASE,

I am 16 years of age or older.

I, do hereby release, discharge, hold harmless, indemnify, acquit, and promise not to sue PLYMOUTH COMMUNITY SCHOOL CORPORATION, PLYMOUTH MUSIC BOOSTERS, PLYMOUTH CITY PARK, their agents, employees, race officials, sponsors, and volunteers from any and all claims of damage, causes of action, suit, costs, charges, claims, demands and liabilities of whatever kind, name, or nature in any manner arising out of my (or if I am signing as a parent or legal guardian of a minor, the minor's) participation or involvement in said race. This release extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. This release is intended to cover all non-fatal or fatal injuries or illnesses of any kind or nature which may be sustained or suffered from any cause whatsoever connected or arising out of the participation in, or involvement with, the Plymouth Music Boosters ZOMBIE CHASE.

I agree not to participate in the ZOMBIE CHASE unless I am medically able.

I agree not to consume alcohol prior to the ZOMBIE CHASE or ingest any medicines or substances that will inhibit my mental or physical ability to safely and effectively participate in the event.

I understand and agree that I am expected to exhibit appropriate behavior at all times and to obey all laws. This includes, generally, respect for all people, equipment, and facilities. ZOMBIE CHASE officials may dismiss me, without refund, should my behavior endanger the safety of or negatively effect a race, person, facility, or property of any kind.

I agree to abide by any decision of a race official relative to my ability to safely compete in the race.

I agree to obey all civil and criminal laws at all times.

I assume all risks associated with participating in the ZOMBIE CHASE including, but not limited to: falls, contact with other participants, negligent or wanton acts of other participants, completing all obstacles, any defects or conditions of premises, and the effects of weather (including high heat and/or humidity), all such risks being known and appreciated by me.

I agree to emergency medical care and transportation in order to obtain treatment in the event of injury to me as medical professionals may deem appropriate. This release extends to any liability arising out of or in any way connected with the medical treatment and transportation provided in the event of an emergency.

I agree that all entry fee payments are final and non-refundable.

I agree that the officials of the ZOMBIE CHASE reserve the right to cancel the event in case of accidents, acts of war or terrorism, military or armed conflicts, insurrections, rebellions, riots, explosions, lightning, fires, storms, and floods, or, if in the discretion of ZOMBIE CHASE officials, any such acts or causes which require the cancellation of the event for safety or security reasons. I understand that in the event of a cancellation there will be no refund.

I know that there are natural and man-made obstacles and hazards, surfaces, and environmental conditions and risks, which in combination with my actions or other's actions, can cause severe or even fatal injury.

I also know that there will be traffic on the course route, and assume the risk of running in traffic.

I agree that I, as either a participant or legal guardian of a participant who is a minor, must take an active role in understanding and accepting these risks, conditions and hazards, and I attest and verify I have full knowledge of the risk involved in such an event.

I also agree that I, and not the race officials, volunteers, ZOMBIE CHASE, PLYMOUTH COMMUNITY SCHOOLS, sponsors or others associated with the event, am responsible for my (or if I am signing as the legal guardian of a minor, the minor's) safety while I (or the minor) participate in the event.

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Page 2 of 2

I agree that if the race is canceled or postponed, I am responsible for any costs I have incurred to attend the ZOMBIE CHASE event. This includes travel expenses.

I hereby grant full permission for ZOMBIE CHASE officials or their agents to use any photographs, videotapes, recordings, or any other record of these events for any purpose without compensation.

Printed Full Name of the Participant

Date of Birth - Current Age

Signature of the Participant - Date

MINORS - PARENT/LEGAL GUARDIAN SIGNATURES

Printed Full Name of the Parent/Legal Guardian

Signature of the Parent/Legal Guardian - Date

1st Emergency Contact and Phone