



**STRIDES 5K RUN-WALK ON October 3<sup>RD</sup> 2019**  
**WAIVER, RELEASE, AND INDEMNITY**

Participant's Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

**PLEASE READ AND SIGN BELOW**

I know and understand that participating in the **STRIDES 5K FOR SPECIAL OLYMPICS FALL FEST** (to be held on and in the vicinity of the campus of Villanova University on Thursday, October 3<sup>rd</sup>, 2019 or on the rain date (the "Event") is a potentially hazardous activity. I will not enter the Event unless I am medically able and properly trained and will immediately end my participation and seek medical attention if I become injured or ill during the Event. I agree to only participate in the Event for the length of time that I am comfortable, can accomplish safely, and is within my ability and skill level. I understand and agree that there may be health and safety hazards (including, without limitation, falling; slipping; collisions, crashing, and contact with other participants, vehicles, or other objects; the effects of weather, including heat and/or humidity; the conditions of the course/road and traffic on the course/road; injuries to the muscles, ligaments, tendons, and joints of the body; abnormal blood pressure; fainting; dizziness; disorders of heart rhythm; and very rare instances of heart attack) and risks of personal injury (including concussion and paralysis), property damage or death associated with the Event, and I knowingly assume such risk for myself and Releasors (hereinafter defined). I will I will not consume any alcoholic beverages or non-therapeutic drugs prior to or while participating in the Event. I certify that I have no physical or medical condition that would prohibit me from or materially increase the risk to me of participating in the Event. I will engage in the Event in a prudent and cautious manner. I hereby authorize Organizers (hereafter defined), at their discretion, to administer to or seek for me first aid and other emergency medical services (including, but not limited to transportation to a hospital), but acknowledge that Organizers may not be present or may not elect or be able or competent to administer or seek such aid, services, or transportation. I have adequate insurance to cover any medical expenses for any injuries that may arise out of the Event and understand and acknowledge that Organizers are not responsible for any medical bills I may incur as part of the Event. In consideration of being permitted by the Organizers to participate in the Event, in full recognition and appreciation of the dangers and hazards inherent in participating in the Event, Participant hereby agrees to assume all of the risks and responsibilities surrounding participation in the Event. Further, PARTICIPANT, FOR PARTICIPANT'S SELF, HEIRS, AND PERSONAL REPRESENTATIVE(S) ("Releasors"), HEREBY AGREES TO DEFEND, HOLD HARMLESS, INDEMNIFY, RELEASE, AND FOREVER DISCHARGE VILLANOVA UNIVERSITY, EVENT SPONSORS AND THEIR RESPECTIVE OFFICERS, TRUSTEES, AGENTS, EMPLOYEES, STUDENTS, AND VOLUNTEERS ("Organizers") FROM AND AGAINST ANY AND ALL CLAIMS, DEMANDS, AND ACTIONS OR CAUSES OF ACTION, ON ACCOUNT OF DAMAGE TO PERSONAL PROPERTY, LOSS OF PERSONAL PROPERTY, OR PERSONAL INJURY OR DEATH WHICH MAY RESULT FROM SUCH PARTICIPATION IN THE ACTIVITY, INCLUDING CLAIMS BASED UPON THE NEGLIGENCE (WHETHER CHARACTERIZED AS NEGLIGENCE OR GROSS NEGLIGENCE) OF THE ORGANIZERS. I grant permission to each of the Organizers to use my image in any photographs, videos, sound recordings or other media containing my image ("Images") made in connection with the Event. The Images may be used without restriction for the benefit of Villanova University in any and all publications or media, in any form, including on any of Villanova University's web site or social media site, without further consideration, and I acknowledge Villanova University's right to so use the Images at its discretion.

Participant's Signature: \_\_\_\_\_ Banner ID (If VU Student or Employee): \_\_\_\_\_ Date: \_\_\_\_\_  
(Please sign in ink. Typed signatures are not acceptable.)

Participant's Emergency Contact Printed Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_ Participant's Emergency Contact Phone Number: \_\_\_\_\_

*If Participant is under the age of 18 years, signature of parent or legal guardian is required.*

Parent/ Legal Guardian's Printed Name: \_\_\_\_\_

Parent/ Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please sign in ink. Typed signatures are not acceptable.)