



2010 EPIC OREGON RELAY

RELAY PARTICIPANT WAIVER

***PLEASE READ WAIVER, SIGN BELOW AND HAND IN AT RELAY START CHECK IN.
TO PARTICIPATE IN THE EPIC RELAYS OR RELAY TO BE HELD ON JUNE 25-26, 2010, I ACCEPT ALL RULES AND REGULATIONS AND WILL COMPLY WITH THEM. I ASSUME ALL RISKS AND WAIVE CLAIM FOR INJURY. I AM PHYSICALLY FIT AND SUFFICIENTLY TRAINED TO PARTICIPATE IN THIS EVENT. IN CONSIDERATION OF YOUR ACCEPTANCE OF THIS ENTRY, I, THE UNDERSIGNED, INTENDING TO BE LEGALLY BOUND FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, WAIVE AND RELEASE ALL RIGHTS AND CLAIMS FOR DAMAGES I MAY HAVE AGAINST THE OR RELAY, EPIC RELAYS, 7 SUMMITS SPORTS, INC., RACE DIRECTORS, VOLUNTEERS, STATE OF OR AND ALL OTHER RACE SPONSORS, SPECTATORS AND ANYONE CONNECTED WITH THE RACE. I GRANT MY IMMUTABLE PERMISSION TO THE RACE ORGANIZATION TO USE MY NAME, RELAY PHOTOGRAPHS, RELAY VIDEO RECORDINGS OR RECORD OF MY PARTICIPATION IN THIS EVENT FOR ANY PURPOSE. I UNDERSTAND THAT MY ENTRY FEE IS NON-REFUNDABLE AND THE RACE WILL BE HELD REGARDLESS OF WEATHER CONDITIONS.**

***PARTICIPANTS BETWEEN THE AGES OF 14 - 18 MUST ALSO HAVE A PARENT OR GURDIAN SIGN THE WAIVER.**

PRINT NAME

SIGNATURE

DATE

SIGNATURE (OF PARENT OR GUARDIAN IF APPLICABLE)

DATE

TEAM NAME

CHECK ONE: ___ RUNNER ___ VOLUNTEER ___ DRIVER ___ PACER