

Over 18 Participant Waiver Form

I, the participant, acknowledge that the Sanders Temple COGIC Run & walkathon are voluntary and that I am voluntarily participating. I assume all risks associated with my voluntary participation in this event, including, but not limited to, falls, contact with other participants, the effects of the weather, including extreme temperatures and precipitation, and traffic. Knowing these facts, I, for myself, heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not to sue and WAIVE, RELEASE AND DISCHARGE Sanders Temple COGIC and any and all sponsors affiliated with the 2015 Sanders Temple Run & Walkathon, the City of Indianapolis, event officials, workers or volunteers, their representatives, successors or assigns for ANY AND ALL claims of liability, whether foreseen or unforeseen, for death, personal injury, or property damage arising out of, or in the course of, my participation in this event. I further grant full permission to Sanders Temple COGIC and the above named businesses and concerns, and/or agents authorized by them, to use my photographs, video tapes, motion pictures, or other record of the event for any reasonable purpose. This is to certify that I, do consent and agree to my release as provided above of all the releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the releasees from any and all liabilities incident to my involvement or participation in these programs as provided above, even if arising from the negligence of the releasees, to the fullest extent permitted by law.

Date: _____

Signature: _____ Printed Name: _____

Phone Number: _____ Email: _____