## RELEASE OF LIABILITY/INFORMED CONSENT/ASSUMPTION OF RISK WAIVER

I wish to participate in the 5k race sponsored by the Madeira City School District Baseball Program, which is an extracurricular program offered by the Board of Education of the Madeira City School District. I know that running a race is a potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to participate in this event, and am in good health, and I am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the race, if any, and agree to abide by them.

I am fully aware that there are special dangers and risks associated with participation in this activity, including, but not limited to, the potential for falls, slips, sprains, broken bones, physical contact with other participants, the effects of weather, including high heat and/or humidity, traffic and the conditions of the road or course, all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers, roller skates or roller blades, animals, and personal music players are not allowed in the race and I will abide by all race rules.

The Board of Education of the Madeira City School District and the Madeira City School District Baseball Program, the activity sponsors, and all others involved in this activity have pledged to use every reasonable precaution to minimize the risk of injury to participants. Being fully informed of these risks and in consideration for being allowed to participate in this activity, I hereby assume all risk of injury, damage, and liability arising from participation. I hereby release and hold harmless the Board of Education of the Madeira City School District and the Madeira City School District Baseball Program, and their volunteers and agents associated with the above-described race and related activities from any liability, actions, causes of action, claims, judgment cost or expense, known or unknown at this time, arising out of or in any way related to any injury or illness incurred by me while participating in this activity. I have read this Release of Liability/Informed Consent/Assumption of Risk Waiver agreement. I fully understand this agreement and that I have given up substantial legal rights by signing it. I sign it freely and voluntarily.

Date:

Signature:

Print Your Name Here:

Print Your Name Here:	
This section to be completed if Participant is under 18 year	ars of age
I certify that I am the parent/legal guardian of the above-named minor child, and that Release of Liability/Informed Consent/Assumption of Risk Waiver agreement a agreement. I certify that I have explained the risks and dangers to my child. I here Board of Education of the Madeira City School District and the Madeira City School their volunteers and agents associated with the above-described race and related actic causes of action, claims, judgment cost or expense, known or unknown at this tir related to any injury or illness incurred by my child while participating in this activallow my child to participate and assume all such dangers and risks. I request participate in this activity.	and that I hereby agree to such by release and hold harmless the ol District Baseball Program, and ivities from any liability, actions, me, arising out of or in any way vity. I have voluntarily chosen to
Parent/Guardian Signature:	Date: