

## **WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

Name of Participant: \_\_\_\_\_  
(hereinafter "Participant" or "I")

**Activity:** Hospice of Northeast Georgia Medical ("NGMC") 5K  
(the "Event")

I know participating the Event is a potentially hazardous activity, which could cause injury and/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 perform 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 consent to and attest that I have read the rules of the race and agree to abide by them. I consent to and assume all risks associated with running in this event, including but not limited to falls, physical contact with other participants, volunteers, race personnel, contract service providers, employees, and spectators including the potential the contraction of a communicable disease resulting from contact with other participants, volunteers, race personnel, contract service providers, employees, and spectators. I consent to and assume all risks including: the effects of the weather; high heat and/or humidity; freezing cold temperatures; traffic and the conditions of the road (or trail, sidewalks, etc.) including surrounding terrain, and animals both wild and domestic. I assume all such risks being known, appreciated, and accepted by me.

I agree to indemnify and hold harmless NGMC and its affiliates, its members individually, and its officers, agents and employees harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorneys' fees brought as a result of my involvement in the Event and to reimburse them for any such expenses incurred.

I expressly agree that this waiver of liability, assumption of risk and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Georgia and that if any portion thereof is held by a court of competent jurisdiction to be invalid, it is agreed that such provision will be deemed deleted from this Agreement without invalidating the remaining provisions of this Agreement or affecting the validity or enforceability of the remaining provisions.

**SIGNATURE:** \_\_\_\_\_

**DATE**

**PARENT'S SIGNATURE IF UNDER 18:**

**DATE:** \_\_\_\_\_