



2015 Race to Wellness Release and Waiver Form

In consideration of my entry and/or participation in the Race To Wellness Run/Walk and associated events, I do hereby release, discharge, hold harmless, indemnify, acquit, and promise not to sue the Back To Bliss, LLC, its agents, employees, race officials, sponsors, and volunteers from any and all claims of damage, causes of action, suit, costs, charges, claims, demands and liabilities of whatever kind, name, or nature in any manner arising out of my participation or involvement in said race. This release extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. This release is intended to cover all non-fatal or fatal injuries and illnesses of any kind or nature which may be sustained or suffered from any cause whatsoever connected or arising out of the participation in, or involvement with, the Race To Wellness Run/Walk and associated events.

I, the undersigned, know that the Race To Wellness Run/Walk is an event which may carry the risk of personal injury. I know that there are natural and man-made obstacles and hazards, surfaces, and environmental conditions and risks, which in combination with my actions or other's actions, can cause severe or even fatal injury. I agree that I, as either a participant or legal guardian of a participant who is a minor, must take an active role in understanding and accepting these risks, conditions and hazards, and I attest and verify I have full knowledge of the risks involved in such events. I also agree that I, and not the race officials, volunteers, Back To Bliss employees or others associated with the event, are not responsible for me while I (or the minor) participate or train for these events.

Further, I hereby grant full permission to any and all of the foregoing to use my photographs of this event for any legitimate Back To Bliss and Race To Wellness Run/Walk related purpose. This entry is invalid unless signed by entrant. The official race director reserves the right to reject any entry.

Parent must sign if Participant is under 18 years of age

1. Participant's Name: _____

Email _____ Phone _____

Participant's Signature: _____ Date: _____

2. Participant's Name: _____

Email _____ Phone _____

Participant's Signature: _____ Date: _____

3. Participant's Name: _____

Email _____ Phone _____

Participant's Signature: _____ Date: _____

WAIVER MUST BE RECEIVED BY: July 13th, 2015

Dropped off or Mailed to our Colby Location: 608 N Division Street, Colby WI 54421