

# Hunger Hike



## Hunger Hike 5K Run

Saturday, September 15, 2018

West Lafayette, Indiana

---

### Waiver and Release

---

As a participant in the Hunger Hike 5K Run on Saturday, September 15, 2018, I verify that I have read, understand, and accept the terms of this waiver and release.

My submission of this form shall act as my legal signature. I understand the nature of this event and the risks involved in participating in this event. I know that running and walking a trail race is a potentially hazardous activity. I understand that I should not participate unless I am medically able and sufficiently trained to do so. I agree to abide by any decision of any race official concerning my ability to safely complete this event. I assume all risks associated with my voluntary participation in this event, including, but not limited to, traffic and other conditions of the trials, falls, river, and contact with other participants, and the effects of the weather, including extreme temperatures and precipitation.

Knowing these facts, for, and in consideration of, my participation in this race, I, for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, waive, release, covenant not to sue, and fully indemnify and hold harmless and discharge the Lafayette Urban Ministry, Food Finders Food Bank, St. Thomas Aquinas Church, the City of West Lafayette, race participants, race officials, workers, volunteers, and any and all officers, directors, employees and other representatives of the foregoing, and any successors or assigns of the foregoing, and hold and waive them harmless from and against ANY AND ALL actions, claims, injuries, demands, liabilities, loss, damage, or expenses, including but not limited to death, personal injury, and property damage, whether foreseen or unforeseen, arising out of, or in the course of, my participation in this event, the Hunger Hike 5K Run.

I have read the above Waiver & Release, and by submitting this entry form I understand and agree with all of the terms of the waiver statement.

Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_