

PLEASE READ, Acknowledge, and sign (accept) ***

I know that participating in a road race/walk is a potentially hazardous activity. I should not enter and run/walk unless I am medically able and properly trained. I agree and abide by any decision of a race official relative to my ability to safely complete the event. I assume all risks associated with participating in this event include, but not limited to falls, contact with other participants, the effects of weather, including high humidity, traffic and the condition of the roads, trails, bike path, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of acceptance of my entry, I, for myself and anyone entitled to act on my behalf waive and release the race organizer, Fall City, City of Bellevue, City of Redmond, City of Sammamish, WSDOT, King County, USATF, all sponsors, their representatives and successors from all claims or liability of any kind arising out of my participation even though said liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission for all the foregoing to use any photographs, motion pictures, recordings, my e-mail address or any other record of this event for any legitimate purpose. I also understand if this is a timed event, my name may appear in the results listing. This waiver may also be used to certify that my child has permission to compete in this event, is in good physical condition and that event officials may authorize necessary emergency treatment. ENTRIES CAN NOT BE ACCEPTED WITHOUT A VALID SIGNATURE. Event is sanctioned by USATF. Note: There will be no dogs allowed on the course. You must wear race bibs on front torso. *** If you registered for the series *** these services as a WAIVER for all 4 events (Santa Bear, Fastest of the Fastest, Newcastle Beach Half 13.1, 10k, 5k and Fall City Classic). **** **All Participants must sign** ***

Event: _____

Entry fee paid ____

Date _____

Name _____

Signature _____

Date of Birth _____

Age _____

M/F _____

Email _____

Mailing Address _____

City, State, Zip _____