Checkers A.C/Runner’s Roost All Western NY XC Race

I know that running a cross country, trail or road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by the decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running and/or walking in this event including, but not limited to, falls, contact with other runners, the effects of the weather, including high heat and/or humidity and the conditions of the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of you accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release, Checkers Athletic Club including its members and officers, the race site owners and/or municipality where they are located, the race director, race committee and any and all sponsors and workers from any claims or liabilities of any kind arising out of my participation in this event.  I have read the information provided and certify my agreement and compliance with my signature.

Parent signature(if under the age of 18):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Athlete signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_