

WAIVER

Read this RELEASE of LIABILITY in its entirety before signing

In consideration of you accepting this entry, I _____, the participant, intending to be legally bound do hereby waive and forever release any and all right and claims for damages or injuries that I may have against the Event Director of Tigers ROCK Group and all of their agents assisting with the event, other participants, advertisers, sponsors and their representatives, volunteers and employees and any institution and personnel, organization and personnel or facility and personnel, owners and lessors of premises used for activities and or events ("Releases"), for any and all injuries to me or my personal property, disability and or death associated with my participation. This release includes all injuries, damages, and or death suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, next of kin, designees or assignees. I hereby release, indemnify, and hold harmless Tigers Rock Group.

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I knowingly assume all risks, those known and unknown, associated with running in this event including, but not limited to: negligence, falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typical found in running a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. I, certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition.

In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization.

By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver.

Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, video graphic or electronic recording of this event for legitimate purposes.

I have read this document (RELEASE OF LIABILITY AND ASSUMPTION OF RISK) in the fullest extent and I understand its terms. I understand that I have given up SUBSTANTIAL RIGHTS by signing this document. I do sign it freely and voluntarily without any inducement.

Sign and date here to agree to this waiver and that you are 18 years of age or older and have the authority to register yourself or other participants within your charge and agree to the waiver for them.

Name	Date
------	------