



2018 School Ghoul 5K, 1 Mile and Kid's Festival of Races Waiver

WAIVER AND RELEASE FOR GOOD AND VALUABLE CONSIDERATION: Including permission for the undersigned to participate in the SCHOOL GHOUL RUN and related activities. I, the undersigned for myself, my successors, heirs, assigns, executors, and administrators agree that prior to participating I will inspect the facilities and equipment to be used and, if I believe any of them are unsafe, I will immediately advise the supervisory person at the facility acknowledge that I fully understand that I will be engaging in activities that involve risk of injury or death, including economic losses which might result not only from my injuries to myself, including medical or hospital bills, permanent or partial disability or death and damages to my property, real or personal caused by or resulting from my participation in the event: covenant not to sue and release, relinquish, waive and discharge the City of Los Alamitos, Community of Rossmoor, Los Alamitos Unified School District, Run Racing LLC, their officials, employees, volunteers, sponsors, and agents from any and all liability, loss, damage, claim or demand arising from or attributable to my participation in this event: agree that photographs, pictures, slides, movies or videos of me may be taken in connection with my participation in the event without compensation from the City of Los Alamitos, Community of Rossmoor, Los Alamitos Unified School District, Run Racing LLC, or their permittees and further I consent to the use of photographs, pictures, slides, movies or videos for any legal purpose: warrant that I am in good health and have no physical condition that would prevent me from participating in the event. I HAVE READ THIS WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN VOLUNTARILY.

Name: _____ Date of Birth: _____

Signature of Athlete: _____ Date: _____

IF ATHLETE IS UNDER AGE 18: This is to certify that my son/daughter/minor has my permission to compete in the School Ghoul Run and related events, is in good physical condition, and that the race medical officials have my permission to authorize emergency treatment and to have access to his/her records, if necessary.

Name of Parent / Legal Guardian (if Athlete is under 18): _____