



Waiver:

In consideration of the acceptance of this entry I waive all claims for myself and my heirs, successors, and assigns against the sponsors, cooperating and coordinating groups and any individuals associated with this event and will hold them harmless from any and all injuries which may result from my participation. I hereby give my permission to the Cisne Reunion Board and assigns and media to use my name and photograph in the newspaper, broadcast, tele-cast or internet in regards to

this event without limitation or obligation. I certify that I am physically fit for this event and understand the risks involved by participating in this event.

Printed Name: _____

Signature: _____ Date: _____

PARENT/GUARDIAN CONSENT FORM AND LIABILITY WAIVER (to be completed & signed by the parent/guardian of any participant under the age 18 years old.)

I, _____, grant permission for my child, _____, to participate in the 2016 Cisne Reunion 5K

Run/Walk. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Cisne Reunion, its officers, directors and agents, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the Cisne Reunion, its officers, directors and agents, or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith. I hereby give my permission to the Cisne Reunion Board and assigns and media to use my child's name and photograph in the newspaper, broadcast, tele-cast or internet in regards to this event without limitation or obligation. Medical Matters: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Signature: _____

Date: _____