



CLEVELAND METROPARKS
Whiskey Island 5k
WAIVER AND RELEASE

Name of Participant _____ Birth date: ____/____/____ Age: ____ Gender: M ☐ F ☐

Parent/Guardian Name (if applicable): _____

Address: _____

City, State, Zip: _____

Phone #: _____ (Home) _____ (cell) E-mail _____

Will you be running with a stroller or otherwise running with a non-registered child? Y ☐ N ☐

If yes, name of child: _____ (Waiver and Release shall apply to both of you.)

Event: Whiskey Island 5k, November 13, 2021, 9a.m. Cleveland Metroparks Edgewater Park

By indicating your acceptance, you (on behalf of yourself and/or your minor child/ward) understand, agree, warrant and covenant as follows:

Liability and Publicity release: I recognize and acknowledge participating in a race is a potentially hazardous activity, and I (and/or my minor child) should not engage in running, jogging, and/or walking unless I (and/or my minor child) am medically able to do so. I agree to refrain from the use of alcohol and any illegal drugs before or during the race. I assume all risks associated with running, jogging, and/or walking in this event (and bringing my child) including, but not limited to: falls, trips, struck by, struck against, compressed in, caught in between, entangled, rubbed, abraded or jarred by vibration from materials, course conditions, traffic, effects of weather, contact with other participants or the natural environment and animals, which may act in unpredictable ways, and agree for myself (and/or on behalf of my minor child) to fully release, hold harmless and indemnify the Board of Park Commissioners of the Cleveland Metropolitan Park District, its commissioners, officers, employees, agents, sponsors, and volunteers (the "Releasees") from any and all claims related to any illness, injury, including loss of life, property damage, or loss of any other description which I (and/or my child) may sustain arising out of, or in any way associated with, my (and/or my child's) participation in the Whiskey Island 5k Race, even though such liability may arise out of the negligence or carelessness of the Releasees. In the event of injury or illness, I authorize (on behalf of myself and/or my child) Cleveland Metroparks to provide first aid and/or medical treatment to me (and/or my ward/child) or to obtain first aid and/or medical treatment at the nearest and most adequate facility of Cleveland Metroparks' choice. I am aware staff/volunteers may provide support for this event, including but not limited to the administration of: first aid, CPR (cardiopulmonary resuscitation), or the use of an AED (automated external defibrillator) and approve of such support for me (and/or my child ward). I further give my permission for the free use of my (and/or my child's) name, voice recording, or photo in any print, broadcast, telecast, or commercial advertising of the event or other commercial purposes of the Releasees. It is agreed that this document shall be interpreted according to the laws of the State of Ohio.

By indicating your acceptance, you understand, agree, warrant and covenant for yourself and, if applicable, for your minor child/ward, as follows **(if the participant is under 18 years of age, the parent/guardian must sign).**

Signature: _____ Date: _____