



WAIVER FOR STROLLER RIDERS COOK MEDICAL BEAT THE HEAT

WAIVER: I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained to complete the event. I agree to abide by any decision of a race official relative to my ability to safely complete this run. I assume all risks associated with running in this race FOR MYSELF AND THOSE NAMED BELOW, including, but not limited to falls, contact with other participants, the effects of weather including high heat and humidity, traffic, and the conditions of the roads, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I for myself and anyone for whom I am entitled to act, waive, release, and will hold harmless race organizer, Twin City Track Club, Inc., Cook Medical, Inc., the City of Winston-Salem, USA Track & Field, RunSignup.com, and all other sponsors and agents, employees, officers, directors and volunteers working for those entities from all claims and liabilities of any kind arising out of or related to my participation in this race. I understand that roller skates and dogs are not allowed in this road race. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees. I also authorize the use of photographs or videos that include my image for promotional, informational, or other reasons deemed to be in the best interest of the event.

USATF WAIVER: As a USATF sanctioned race, I further agree to the USATF waiver of liability that releases the race organizers, volunteers and officials, and USATF from claims for damages. The full text of this waiver can be found at <http://www.usatf.org/usatf/files/94/947105b9-aa8e-4fe7-bf7d-1bba02af6ddf.pdf>.

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 my physical condition has been verified by a licensed Medical Doctor. 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 waivers.

	First & Last Name	Signature (Parent or Guardian for participants under 18 years)	Date
Runner			
Stroller Rider 1			
Stroller Rider 2			
Stroller Rider 3			