District Dash 2026

Race Waiver

In consideration of the foregoing, I, for myself, my heirs, executors, administrators, personal representatives, successors and assigns, waive and release any and all rights, claims, and causes of action I have or may have against The District at Eastover and its affiliates, their agents, employees, volunteers, officers, directors, successors and assigns, and any and all sponsors, their representatives and successors, that may arise as a results of my participation in the 2026 District Dash, Donuts, and Drafts and any pre- and post-race activities.

In consideration of the Released Parties (defined herein) accepting this entry and allowing me to participate in the Event, I, the participant, for myself and my heirs, successors, and assigns, hereby waive, release, and forever discharge The District, Capital City Beverages, MS Race Timing and Saucony Running by participating with Fleet Feet franchised business, Fleet Feet, Incorporated, and their affiliates, successors and assigns, shareholders, members, partners, officers, directors, managers, agents, employees, representatives, and volunteers (collectively, the Released Parties), from any and all responsibilities or liability arising from injuries or damages to me or my personal property resulting from my participation in the Event. I agree not to file suit or grievance or make any claims against the Released Parties in any local, state, or federal court or administrative office on account of any injuries or damages covered herein.

I acknowledge that the District and MS Race Timing reserve the right to change the details of, and amenities offered at, the event at any time for any reason, and I hereby waive and release any claims that I may have as a result of any such change.

I know that running activities is a potentially hazardous activity with risk of bodily harm or death. I will not enter and run unless I am medically able to do so and properly trained. I voluntarily assume all risks of injury, death, or damages associated with participating in the Event, including, but not limited to falls, contact with other participants, road hazards, vehicles, weather, traffic, and course conditions. I acknowledge that I know and understand all such risks. I agree to abide by all decisions of the Event Director (Peter Davis) representative relative to my ability to safely participate in the Event. I certify as a material condition to my being permitted to participate in the Event that I am physically fit and sufficiently trained for the completion of the Event and that a licensed medical doctor has verified my physical condition.

I agree that I will follow the rules that the Event Director (Peter Davis) mandates for participation in the events I sign up, including, but not limited to, rules related to social

distancing and provided amenities. I agree and understand that I am solely responsible for bringing the supplies I may need to participate in the Event.

I am releasing liability of the District and MS Race Timing in the event of a dog related injury or accident, either from my dog, another participant's dog, or another participant, I am acknowledging that my dog is familiar and friendly with other dogs and has not caused any previous trouble. I acknowledge and am aware that any injury or illness brought about from the Doggy (or Dog) Dash is at my own personal risk and my dogs. I acknowledge that there will be other dogs around me and my dog and that they could potentially cause injury. I acknowledge that my dog is also at risk from injury or hurt from other participants or other dogs.

In the event of an illness, injury, or medical emergency arising during the event, I hereby authorize and give my consent for the District and MS Race Timing and its designees 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 and agree to indemnify and hold harmless the Released Parties from any liability associated with the treatment or related expenses.

By submitting this entry, I acknowledge on behalf of myself, or the minors for which I am a parent or guardian, that I have read and agreed to the above release and waiver. In addition, if I am a parent or guardian, I accept full responsibility for the care and supervision of my child during the District Dash.

Further, I grant permission for the Released Parties to use or authorize others to use any photographs, motion pictures, video or sound recordings, and/or other record of my participation in the District Dash, including my name, picture, likeness, and image, for any legitimate purposes without remuneration to me.

I attest and verify that I am physically fit and a licensed medical doctor has verified my physical condition. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose, including commercial advertising, email, and social media without monetary payment to me. (This information is protected by the Privacy Act.)

Print Name

Signature DATE