

Waiver and Liability Release Form - Tour de Donut - August 22, 2026

Plain-Language Summary: By signing this form, you agree to participate in the Tour de Donut at your own risk. You release the event organizers, sponsors, and affiliates from liability for any injuries or damages, even if caused by their negligence. You also allow your name and image to be used for event promotion and consent to receiving event-related communications (with an option to opt out). Please read the full waiver carefully, as it is a binding legal contract.

This form must be read and signed by all participants, including riders and volunteers (or a guardian if under 18), at the time of registration and check-in.

I, _____, wish to participate in the Tour de Donut, scheduled for August 22, 2026, including pre-event and post-event activities (the "Event"). I agree to abide by all Event rules, regulations, and instructions, as well as all applicable municipal and Ohio state laws.

I understand that participating in the Event, which involves using public streets and facilities, is a potentially hazardous activity that may result in serious injury or death. I knowingly and voluntarily assume all risks associated with my participation, including but not limited to accidents, falls, collisions, or injuries caused by weather, road conditions, or other participants. I confirm that my participation is voluntary.

In consideration for being permitted to participate in the Event, I, for myself, my heirs, assigns, and legal representatives, hereby waive, release, and discharge Can't Stop Running Company, Good Times Event Services LLC, the City of Troy, and their respective beneficiaries, sponsors, officials, participating clubs, communities, organizations, riders, volunteers, food vendors, equipment providers, medical service providers, and each of their affiliates, successors, officers, directors, employees, volunteers, agents, and representatives (collectively, the "Released Parties") from any and all claims for injuries, damages, or losses I may have arising out of my participation in the Event, including those caused by negligence, carelessness, or defective equipment owned, maintained, or controlled by the Released Parties.

I intend this waiver to be a complete and unconditional release of liability to the greatest extent allowed by Ohio law. I covenant not to sue and discharge the Released Parties from any future claims for death, personal injury, or property damage resulting from my participation, even if such claims arise from the negligence of the Released Parties.

I attest that I am physically capable of participating in the Event. If I have any physical condition, ailment, or illness, I have consulted my medical care provider, who has approved my participation. I am solely responsible for my personal health, safety, and property during the Event. I consent to receive medical treatment deemed necessary in the event of injury or illness during the Event and agree to cover the cost of such treatment.

I acknowledge that the Event organizers may limit or terminate my participation at their sole discretion, with or without cause. I understand that my registration fee is nonrefundable, non-transferable, and not tax-deductible.

I grant permission to the Tour de Donut, its affiliates, subsidiaries, and agents to use my name, photograph, voice, or likeness in any broadcast, telecast, advertising, promotion, or marketing for this or similar future events. I waive any privacy rights in this regard. I consent to my name being published as a participant on the Tour de Donut and Good Times Event Services LLC webpages. I understand I may receive Event-related communications and can opt out by contacting the organizers at thetourdedonut@gmail.com

This waiver is governed by the laws of the State of Ohio. The courts of Ohio shall have exclusive jurisdiction over any disputes arising from or pertaining to this waiver.

I have carefully read this waiver and fully understand its contents. I acknowledge that this is a binding legal contract, and by signing, I give up substantial rights, including my right to sue. I sign this waiver freely and voluntarily.

Printed Name of Participant: _____ **Bib #:** _____ **Date:** _____

Age Confirmation: ☐ Participant is 18 or older ☐ Participant is under 18 (guardian signature required below)

Signature of Participant (or Guardian if Participant is under 18): _____