

# EVENT WAIVER

Each participant, and parent or guardian of youth participants (children under the age of 18), must agree to this Waiver for themselves and on behalf of any youth participant whom they are registering. Please read carefully.

I understand that participating in The Great Williamsburg Adventure Race (the "Event") is a potentially hazardous activity. I should not enter and participate in the Event unless I am in good health and able to be physically active. I agree to abide by any decision of an Event official relative to my ability to safely complete the Event. I assume every risk associated with participating in the Event including, but not limited to, falls, contact with Event participants or volunteers or with vehicles, the effects of the weather, and course conditions, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, I, for myself and anyone entitled to act on my behalf, do waive and release AVAdventure Productions LLC, Event staff, sponsors and organizers, and their representatives, agents, affiliates, employees and successors from all claims and/or liabilities of any kind arising out of my participation in the Event even though such liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

I also grant permission to all the foregoing to use any photograph, motion picture, recordings, or any other record of the Event that includes my likeness and the likeness of any children I bring to the Event for any legitimate purpose.

Participant Name (Please print): \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This section to be read and signed by parent/legal guardian if participant is under 18 years old:**

As the parent/legal guardian of the participant named below, I hereby waive and release on behalf of my child, any and all claims, and causes of action, or liabilities which may hereafter accrue against AVAdventure Productions LLC, Event staff, sponsors and organizers, and their representatives, agents, affiliates, employees and successors, by reason of my child's participation in the Event even though such liability may arise out of negligence or carelessness on the part of the persons named in this waiver. In addition, I accept full responsibility for the care and supervision of the participant named below during the Event.

I also grant permission to all the foregoing to use any photograph, motion picture, recordings, or any other record of the Event that includes the likeness of the participant named below for any legitimate purpose.

Participant Name (Please print): \_\_\_\_\_

Parent/Legal Guardian Name (Please print): \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_