



ROCK POINT SCHOOL

## Runner's Information

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_

### Waiver of Liability

I, and my heirs, in consideration of my participation in the Ooky Spooky 5k Run on October 24, 2015, at Rock Point School, hereby release Rock Point School, the Episcopal Diocese, their officers, employees and agents, and any other people officially connected with this event, from any and all liability for damage to or loss of personal property, sickness or injury from whatever source, legal entanglements, imprisonment, death, or loss of money, which might occur while participating in this event. Specifically, I release said persons from any liability or responsibility for my physical condition, for the condition or selection of course route and for the presence or actions of any other participants. I am aware of the risks of participation, which include, but are not limited to, the possibility of sprained muscles and ligaments, broken bones and fatigue. I hereby state that I am in sufficient physical condition to accept a rigorous level of physical activity. I understand that participation in this program is strictly voluntary and I freely chose to participate. I understand that neither the school nor the diocese provides medical coverage for me. I verify that I will be responsible for any medical costs I incur as a result of my participation.

### Photo/Media Release

I hereby grant permission for Rock Point School to take photographs, video recordings, audio recordings, and/or interviews of me (the registrant), of which could include my name, my image, and/or my likeness for various purposes pertaining to the event. I understand that any media obtained from the event, of which I am included, may be used for various purposes including publication in newsletters, articles, brochures, and/or media for the purpose of promoting Rock Point School and its mission. I understand that, in the case of an interview, or my name being published, that Rock Point School shall obtain the above participant's specific permission beforehand.

I have read this Release Form, I fully understand it, and I agree to be bound by it. I represent and certify that my true age is at least 18 years old, or, if I am under 18 years old on this date, my parent or legal guardian has signed below.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_  
(if a minor, signature of parent or guardian)

Date \_\_\_\_\_