



## **2014 Tweetsie Trail Reindeer Run Liability Waiver**

I HEREBY ASSUME ALL THE RISKS OF PARTICIPATING IN THE **TWEETSIE TRAIL REINDEER RUN**, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by EHS-FBLA, or because of their possible liability without fault.

I CERTIFY that I am physically fit, have sufficiently prepared or trained for participation in **THE TWEETSIE TRAIL REINDEER RUN**, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in **THE TWEETSIE TRAIL REINDEER RUN**.

(A) I WAIVER, RELEASE AND DISCHARGE from any and all liability to EHS-FBLA, and its directors, officers, employees, volunteers, representatives, and agents, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me.

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in these programs, activities, or events, whether caused by the negligence of release or otherwise.

I ACKNOWLEDGE that EHS-FBLA and its directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific program, activity, or event on behalf of EHS-FBLA.

I ACKNOWLEDGE that **THE TWEETSIE TRAIL REINDEER RUN** may involve a test of a person's physical and mental limits and may carry with it the potential for death and serious injury. The risks may include, but are not limited to, those caused by temperature, condition of participant, equipment, actions of other people including, but not limited to, participants, volunteers, spectators, and event monitors, and/or producers of events, and lack of hydration.

I ACKNOWLEDGE that I am fully required to provide my own medical coverage and that EHS-FBLA will not be held liable for any expenses incurred for treatment of injuries while participating in these programs, activities, or events.

**I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN OF MY OWN FREE WILL.**

Print Name of Participant

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Print Name of Parent/Guardian

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Signature of Participant

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Signature of Parent/Guardian

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Only for Participants Under 18