

# Kane County Animal Control 2015 Dog Jog Application/Liability Waiver

I know that running is a potentially hazardous activity. I should not enter and run unless I am medically able. I agree to abide by any decision of a race official relative to my ability to safely complete the run/walk. I hereby certify that I am in good health. I assume all risks associated with running/walking in this event including, but not limited to: falls, contact with other participants, weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry into this running race, I, for myself and anyone entitled to act on my behalf, waive and release the Kane County Animal Control its officers, directors, agents, volunteers and employees, all states, cities, countries or other governmental bodies or locations in which events or segments of events are held, all sponsors, their representatives and successors, from all claims or liabilities of an kind arising out of my involvement in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose. I understand that bicycles, skateboards, roller skates or inline skates are not allowed in the event and I will abide by this guideline.

## Participant

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

Signature (N/A if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

-----**PERMISSION SLIP**-----

*(Parent or Legal Guardian for Persons under Eighteen (18) Years of Age)*

Print Name of Guardian: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

I, \_\_\_\_\_, as the parent or guardian of the above named participant, give permission for the participant to participate in the Kane County Animal Control 2015 Dog Jog Event.

\*\*\*FOR OFFICE USE ONLY\*\*\*

Participant: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Verified by: \_\_\_\_\_

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

