

MUDDY TRAIL RUN
AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, _____, hereby agree to the following:
(participant name)

1. That I am participating in Junior Achievement/Anthony Wayne Area Council, Boy Scouts of America Muddy Trail Run. I recognize that participation in this event requires physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any exercise. I represent and warrant that I am physically fit and I have no medical condition that would prevent my participation.
3. In consideration of being permitted to participate, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating.
4. In consideration of being permitted to participate, I knowingly, voluntarily and expressly waive any claim I may have against Junior Achievement of Northern Indiana/Anthony Wayne Area Council, Boy Scouts of America, its employees, sponsors or entities for injury or damages that I may sustain as a result of participating.
5. I, my heirs or legal representatives' forever release waive, discharge and covenant not to sue Junior Achievement of Northern Indiana or Anthony Wayne Area Council, Boy Scouts of America, its employees or entities for any injury or death caused by their negligence or other acts.

Photo Release

I consent, for all purposes, to the use and reproduction of all photographs and videos taken of me during this event. I also grant this unlimited right to any nominee of the photographer including any agency, client, publication, or other organization or institution, in whole or in part, in all forms and media, and in all manners including: advertising, trade display, editorial, art and exhibition.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature

Printed Name

Parent/Legal Guardian
(Required for participants under the age of 18)

Printed Name