

Charity Marathon Participant Liability Waiver

Participant Information

Full Name

Date of Birth

Address

Phone Number

Email Address

Liability Waiver

I acknowledge that participation in the Charity Marathon involves physical activity and inherent risks, including but not limited to injury, illness, and accidents. I agree to assume all risks associated with my participation.

I certify that I am physically fit and capable of participating in the event, and have not been advised otherwise by a medical professional.

I, for myself and anyone entitled to act on my behalf, waive, release, and discharge the organizers, sponsors, volunteers, and any affiliated parties from all claims or liabilities of any kind arising out of my participation in this event.

I grant permission to use my likeness, name, or any record of this event for any lawful purpose.

I have read, understood, and voluntarily agree to this waiver.

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I agree to the terms of this liability waiver.

Participant Signature

Date

For Participants Under 18

This section must be completed by a parent or legal guardian if the participant is under 18 years of age.

Parent/Guardian Name

Parent/Guardian Signature

Date