

2010 Fairchild Medical Center 5 Mile Run / 2 Mile Walk Release Form

I choose the (please check one) 5 Mile Run 2 Mile Walk

In consideration of the acceptance of this entry, I waive all claims for myself, my heirs and assigns against the sponsors, cooperating and supporting groups and any individuals supported with this event, including Fairchild Medical Center. I hold the sponsors harmless for any and all injuries which may result from my participation. I am in proper physical condition to participate in this event. I give permission for the administration of medical aid in case of emergency. I also hereby give my permission to the media to use my name, image of any other account of my participation in this event in any publication, newspaper, broadcast, telecast or other media without limitation and obligation of anyone to compensate me further. There is no confirmation of entry.

Printed Name of Participant

Date

Signature of Participant

****Note: If the participant is under 18 years of age, a parent or legal guardian must complete and sign this release form below.***

Printed Name of Participant's Parent/Guardian

Date

Signature of Participant's Parent/Guardian

RELEASE FORM