

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

PLEASE PRINT				
Activity:		LRH First Annual 5K		
Participant Information	Name:Date(s):			
Tarticipant information				
		_State:		
		Work Phone:		
Read this Acknowledgeme		ability carefully and in its entirety. It is a bindi		
		ned by you as the participant AND by your p		rdian.
route, falls, contact with or rocks, and objects on the myself, my heirs, represent Healthcare, its volunteers death, personal injury, or extends to all claims of extitleton Regional Healthcould public domain. I further g	other participants, and the course surface. Knowing an ntatives or anyone else clain, and sponsors, and anyone damage of any kind arising ery kind whatsoever. I also care and/or any person or elerant full permission for Little	e any and all risks associated with this event is condition of the course, including, but not limited appreciating these risks and in considerationing on my behalf, covenant not to sue, and else acting for or on behalf the LRH First Annout of my participation in this run. This Acknonsent to emergency treatment in the even ntity authorized by it to use my name, age, deton Regional Healthcare to use any photograthat I have read the above waiver and I agrees.	nited to, curbs, cars, on of your acceptan waive, release, and nual 5K from any an owledgement of Rist of injury or illness ate of birth, finish paphs, recordings, or	uneven pavement, potholes, ce of my entry, I hereby for discharge Littleton Regional d all claims of liability for sk and Waiver of Liability i. I grant full permission to place and finish time in the rany other record of this
Emergency Contact Na	ame:	Teleph	none#	
document in its entire	ety, understand it, and s	Waiver Liability I hereby acknowledge sign it voluntarily; and (b) that this Acle parties hereto and its terms are cont	knowledgement	of Risk and Waiver of
Participant Signature:		Dat	e:	_
I certify that I am the p spouse, partner, co-gu I understand the conte this Acknowledgemen to the terms and cond participation by my de	carent or legal guardian parent or legal guardian pardian or any other persents of this Acknowledge to fine Risk and Waiver of Litions of my dependent pendent in the LRH First narmless, indemnify and	of the above-named participant in the son who claims the participant as a delement of Risk and Waiver of Liability, a Liability of my own free act. I acknowle s's participation in the LRH First Annual at Annual 5K, and to receive medical tree defend Littleton Regional Healthcare	LRH 5K. On behapendent, I have russent to its term dge that my deposit, and I hereby eatment determine	alf of myself and my ead the above agreement, s and conditions, and sign endent and I have agreed give my consent to ned to be necessary. I
Parent or Guardian Sig	gnature:	Date:	:	