

*Race for Hope 5K July 13, 2019*



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

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

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Waiver: In consideration of the Orchard of Hope Foundation, accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my family, my heirs, executors, and administrators, forever waive, release and discharge any and all rights and claims of suits, action, known or unknown, that I or they have or may have against the organizers of this event, the Orchard of Hope Foundation, the City of Canon City, Fremont County, Colorado, all race officials and volunteers and all sponsors of the race for any and all injuries suffered by me and/or my minor child or children in this event. I attest that I, or my minor child, am physically fit and am aware of the precautions that must be taken for the event.

I have read the information provided and certify my acceptance of the same by signing below:

\_\_\_\_\_

Parent or Guardian of participants 16 – 18 years of age \_\_\_\_\_