

WAIVER & RELEASE OF LIABILITY

PLEASE READ BEFORE SIGNING*

Date (of Race)	First Name	Last Name	
Street Address			Birth Date
City		State	Zip Code
Phone # (with Area Code)		Email Address	

* YOU MUST COMPLETE ALL ABOVE FIELDS BEFORE YOU CAN RUN THE SURVIVAL RACE.

RELEASE OF LIABILITY, VOLUNTARY ASSUMPTION OF THE RISK AND WAIVER OF CLAIM AGREEMENT

1. I recognize that participation in a 5K Run is a hazardous activity which is inherently dangerous. 2. I understand that this event contains natural and man made obstacles. 3. I have voluntarily entered the event despite all known and unknown risks of serious personal injury and/or death presented by preparing for and participating in this event. 4. I will not participate unless I am physically, medically and mentally able to do so. 5. I know my own capabilities and limitations regarding participation in this event. 6. I will not consume any alcohol prior to or during this event. 7. I am at least 18 years of age or my parent or guardian has consented to my participation in this event. 8. I understand that all entries are final and that refunds will not be granted for any reason. 9. I agree that in the event of emergency XP Events LLC may cancel or reschedule this event and under such circumstances no refunds will be granted. 10. I grant permission to XP Events LLC, it's affiliates, sponsors, and assigns to use any photographs, motion pictures, recordings or any other record of this event for any purpose including but not limited to promoting, advertising and marketing purposes. Any and all photographs, motion pictures, recordings or other records of the event are the sole property of XP Events LLC. 11. Now, therefore, in consideration of being permitted to participate in the scheduled event, I expressly and freely agree as follows: 12. To assume all risk of serious personal injury or death arising from participating in or preparing for this event. 13. To waive any and all claims that I may have in the future against XP Events LLC, The Survival Race LLC, Cousins Management Group LLC, Cornell Cooperative Extension of Nassau, County of Nassau and Dorothy P. Flint Camp, Great Vision Productions LLC, XP Athletics LLC, Zombie Race LLC, BubblePalooza LLC, Be Brave 24, their officers, licensors, agents, employees, volunteers, directors, shareholders, affiliated entities, subsidiaries, all insurers, and all sponsors, for any and all loss, damage, injury or expense that I may suffer, or that my next of kin may suffer, as a result of participating in this event, due to any cause whatsoever, including but not limited to negligence on the part of XP Events LLC, The Survival Race LLC, Cousins Management Group LLC, Cornell Cooperative Extension of Nassau, County of Nassau and Dorothy P. Flint Camp, Great Vision Productions LLC, XP Athletics LLC, Zombie Race LLC, BubblePalooza LLC, Be Brave 24, their officers, licensors, agents, employees, volunteers, directors, shareholders, affiliated entities, subsidiaries, all insurers, and all sponsors. 14. To release from liability and hold harmless XP Events LLC, The Survival Race LLC, Cousins Management Group LLC, Cornell Cooperative Extension of Nassau, County of Nassau and Dorothy P. Flint Camp, Great Vision Productions LLC, XP Athletics LLC, Zombie Race LLC, BubblePalooza LLC, Be Brave 24, their officers, licensors, agents, employees, volunteers, directors, shareholders, affiliated entities, subsidiaries, all insurers, and all sponsors for any and all loss, damage, injury or expense that I may suffer, or that my next of kin may suffer, as a result of participating in this event, due to any cause whatsoever, including but not limited to negligence on the part of XP Events LLC, The Survival Race LLC, Cousins Management Group LLC, Cornell Cooperative Extension of Nassau, County of Nassau and Dorothy P. Flint Camp, Great Vision Productions LLC, XP Athletics LLC, Zombie Race LLC, BubblePalooza LLC, Be Brave 24, their officers, licensors, agents, employees, volunteers, directors, shareholders, affiliated entities, subsidiaries, all insurers, and all sponsors. 15. I agree that any claim which I may at any time bring for any reason associated with this event shall be submitted to the State or Federal Courts in the State of New York and no other jurisdiction. Any claim brought shall be governed by the laws of the state in which the claim arose.

Participants age- X

SIGNATURE (REQUIRED)
Parent or legal guardian must sign if participant is under age 18

Emergency Contact Information:

Name: _____

Phone Number: _____

Office Use Only