



The Mental Illness Awareness Walk/Run in memory of Katie Shoener

STUDENT WAIVER FORM

First Name: _____ Last Name: _____

Address: _____ Phone: _____

Age (as of 10/26/19): _____ Gender: _____ Event (5K Run or 1mi walk): _____

Emergency Contact (name and phone number): _____

Waiver Statement:

In consideration of you accepting this entry, I, the participant, intending to be legally bound and hereby waive or release any and all right and claims for damages or injuries that I may have against the Katie Foundation, Scranton Running Company, Nay Aug, the City of Scranton, the Event Director and all of their agents assisting with the event, sponsors and their representatives and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed Medical Doctor. By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years old) having read and agreed to the above waiver.

Signature: _____ Date: _____

Parent Printed Name: _____

Parent Signature: _____

STUDENT

BIB # _____