

EVENT WAIVER

Each individual participant must sign this waiver to participate in the
2018 End Domestic Violence Days: Dover-Foxcroft Color Fun Run/Walk

Participants under the age of 18 must also have this form signed by a parent/guardian (see reverse).

- ❖ This is a non-competitive race/walk, it will not be timed.
- ❖ A color run/walk is fun, but messy. Please be respectful of others. This includes participants, non-participants and property along the route and the finish line. Protective eyewear such as goggles or sunglasses are required. Please consider bringing towels for after the color run/walk.
- ❖ Pets, with the exception of service animals, are not permitted at the event.
- ❖ The color is food grade colored cornstarch and is 100% natural and safe; however, color may stain clothing and hair, so dress accordingly!
- ❖ Partners for Peace, and its organizers, are not responsible for property lost, stolen or damaged at the event.
- ❖ In the event of inclement weather, or other unforeseen circumstances, the organizers reserve the right to cancel the event without refund.

Entry Release: In consideration of accepting this entry, I, intending to be legally bound, hereby for myself, my heirs, executors, and administrators, assume all risks associated with participation in the event, and waive and release any and all rights and claims and damages I may have against Partners for Peace, the event organizers, directors, any sponsors, their representatives, successors, Town of Dover-Foxcroft, and assigns for any and all injuries, accidents or illnesses (including death), and property loss suffered by me at said color run or event, even if caused by negligence on the part of the organizers.

____ (initial) I have read and fully understand the above information, warning of risk, assumption of risk and waiver and release of all claims.

____ (initial) I understand that if for some reason the event is canceled, registration is non-refundable.

____ (initial) I consent to emergency medical care and transportation in order to obtain treatment in the event of injury to me as medical professionals may deem appropriate. This waiver extends to any liability arising out of, or in any way connected with the medical treatment and transportation provided in case of emergency.

____ (initial) I agree to compensate for damage or loss sustained to Partners for Peace and Town of Dover-Foxcroft from any claims in whole or in part by my actions.

Please note that you may not transfer your registration to another person if you are unable to attend. Each participant **MUST** register separately.

Name (printed): _____

Date: _____

Age: _____

Signature: _____

Under 18 years of age:

I, the parent or guardian of the above named participant, have read through this waiver and all its terms, and I hereby give my approval to this child's participation in End Domestic Violence Days: Dover-Foxcroft Color Fun Run/Walk. I assume all risks and hazards incidental to my child's participation and I hereby waive, release and agree to compensate Partners for Peace, the Town of Dover-Foxcroft, organizers, volunteers and sponsors as defined above for any injury to my child and from any and all claims, causes of actions, obligations, lawsuits, charges, complaints, controversies, agreements, damages, or whatever kind whether known or unknown from all claims or liabilities of any kind rising from participation of the above named child. I consent to grant permission for this child to participate in End Domestic Violence Days: Dover-Foxcroft Color Fun Run/Walk. I acknowledge I have read, accepted and fully understand the listed important information, warning of risk, assumption of risk and waiver and release all claims. I sign this agreement by my own free will completely, without reservation and agree not to bring a lawsuit for any reason.

Child's Name (Printed): _____

Age on 10/02/2018: _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____