

PARTICIPANT WAIVER FOR BROOKS PTA FUN RUN REGISTRATION

THIS IS A BROOKS PTA EVENT. THE BROOKS PTA FUN RUN IS NOT ADMINISTRATED OR SPONSORED BY BROOKS MUSEUMS MAGNET ELEMENTARY SCHOOL.

By my signature below, I acknowledge and agree for (i) myself and (ii) any minor participant named below, in my capacity as parent or legal guardian for the named minor, as follows:

1. I am the parent or legal guardian of the minor(s) named below, authorized to grant this consent and waiver on behalf of the named minor(s). I understand that **I am solely responsible for the supervision, safety and welfare of the minor(s) named below during the Brooks PTA Fun Run**, and either I or my consenting designee will remain present and properly supervise the below named minor(s) at all times during the Brooks PTA Fun Run. I understand that the Brooks PTA officers, members, organizers, volunteers and other registered participants **are not** responsible, and **will not** assume responsibility, for the safety and welfare of my child.

2. I understand that running can be a risky and dangerous activity, which could result in serious bodily injury or death. I assume all risks associated with running in this event, including but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, and the conditions of the race course, all such risks being known and appreciated by me.

3. Having read this waiver and knowing these facts and in consideration of your accepting my entry, **I, for myself and on behalf of the minor(s) named below, hereby waive and release and agree to indemnify, defend, and hold harmless** the Brooks PTA, Brooks Museums Magnet Elementary School, Wake County Public Schools the City of Raleigh and all sponsors, officers, volunteers their representatives and successors from all claims, damages, losses and/or liabilities of any kind arising out of my participation and/or the participation of the named minor(s) in this event.

4. I grant permission for the use of my photographs, motion pictures, recordings or any other record of this event by the Brooks PTA and/or Brooks Museums Magnet Elementary School for any legitimate purpose.

PARTICIPANT NAME(S): _____
(Please Print) _____

PARENT OR LEGAL GUARDIAN'S SIGNATURE: _____ **DATE:** _____

Print Name: _____
