

Release and Assumption of Risk and Photograph Consent

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Because participation in the Run/Walk/Ride (the "by and/or takes place on the property of Wake Forest University ("WFU") and requires physical activity injury and/or damage to property, it is the policy of WFU to require participants to execute this Releas Risk form (this "Release Form").	with risk of personal
I fully recognize and appreciate the dangers and hazards inherent in activities to which I may be exposed during Event. Examples of the potential dangers and risks associated with the Event include abrasions or scrapes, in cramps, major injuries such as broken bones, and life-threatening injuries such as spine, neck, or head injuries, he These examples are not intended to be all-inclusive but merely to exhibit my awareness of the risks inherent in Event.	nuscle strains, sprains, eart failure, and death.
I further acknowledge that the course was not designed for these types of events, and hereby release WFU for damage due to the condition of the course, including but not limited to: potholes, speed bumps, other surface traffic control, curbing, signage (or lack thereof) or barriers (or lack thereof). I acknowledge that I am respons course, and for determining whether to participate understanding the risks involved.	e irregularities, debris,
I voluntarily choose to participate and I voluntarily assume these risks. In consideration of my participation in and knowingly release WFU and its officers, trustees, employees, and agents (collectively, the "Released Particlaims that I, my child, my spouse, or any other parent, guardian, heirs or assigns might have by reason of a property which results from, is related to, or might arise out of my participation in the Event and any other assoc for claims arising from the gross negligence of the Released Parties.	es"), from any and all ny injury to person or
Volunteers and other representatives of the Released Parties assisting in the Event are authorized (but are not actions they consider to be warranted under the circumstances regarding my health and safety while I am participance to pay all expenses related thereto and hereby release the Released Parties from any claims or liability for the form my health and safety and for payment for any such treatment.	ipating in the Event. I
I acknowledge that this Release Form will bind members of my family, including myself, my spouse, my heirs representatives. This Release Form will be construed under the laws of the State of North Carolina, which wil lawsuits filed under or incident to this Release Form or to the Event.	
In addition to the above authorization and release, I also hereby authorize any photographer or me photograph/video me during participation in the Event. I understand that any photographs/videos taken may media, publications, brochures, advertisements or any other media. I understand that I have no right to in publications, materials, advertising, etc., or to determine how the photographs/videos will be used, and I further use described herein may be made without compensation or additional consideration.	appear in local news
I have read and I do fully understand all of the above provisions. I hereby affirm that I am at least 18 year competent to contract.	s of age and am fully
Date:	
Signature of Participant	
Printed Name of Participant	
If participant is less than 18 years of age:	
I (a) am the parent or legal guardian of the above participant; (b) have read and understand the foregoing Relewill be legally responsible for the obligations and acts of the participant as described in this Release Form; and for the participant, to be bound by its terms.	
Date:	