TRECA
107 N. Main St., STE 100
Marion, OH 43302
Phone: 888-828-4798
Fax: 740-389-6695

Participant Waiver for Race Registration

I know that participating in a race is a potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained. By my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the race and agree to abide by them. 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, traffic, and the conditions of the road; all such risks being known and appreciated by me. I will abide by all race rules. Having read this waiver, and knowing these facts, and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release TRECA Digital Academy, all event sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I understand that by participating in this event, I am not guaranteed any reward, prize, gift, or other form of compensation.

I understand and agree that all photos will become the property of TRECA Digital Academy. I grant permission to all of the foregoing to use my photographs, videos, or any other record of this event in any and all of their publications, including web-based publications, without payment or other consideration. I grant permission for TRECA Digital Academy to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose.

Student’s Name:

Student’s Signature:

Date:

Parent’s Signature if student is under 18 years of age:

Date: