



TEAM NAME or BIB # _____

SHIRT SIZE: XS | S | M | L | XL | 2XL

RACE DAY WAIVER

For Teams with Runner Changes

Name (please print): _____

City: _____ State: _____ ZIP _____

DOB: ___/___/___ EMERGENCY # _____ Sex: ___ M ___ F

Waiver and Release Statement (Must be signed to participate):

WAIVER: I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running this event, including, but not limited to tripping and falling, contact with other participants, the effects of weather, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of acceptance of my entry, I, for myself and anyone entitled to act on my behalf, and on behalf of any accompanying minor or pet, waive and release the Carmel Road Racing Group, Butler University, all contractors and volunteers 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 grant permission to all the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose. This is to certify that I am capable in participating in the event and in good physical condition. I authorize event officials to administer medical treatment if needed.

Name _____ Date _____