

# TURKEY TROT WAIVER FORM

*(Please complete signature release for all members of your family that will be participating.)*

## ACCIDENT WAIVER AND RELEASE OF LIABILITY AGREEMENT

I certify that I am physically fit, have sufficiently prepared or trained for participation in the event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this event. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the event.

In consideration of my being allowed to participate in this event, I HEREBY WAIVE, RELEASE, AND DISCHARGE THE Mount Pleasant Central School District, Mount Pleasant Education Foundation, Town of Mount Pleasant, employees, event volunteers, sponsors, and their successors and assigns from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me.

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, including by way of example and not limitation, known and unknown risks and any risks that may arise from negligence or carelessness on the part of the persons or entities being released. I acknowledge that this activity or event may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, falls, contact with other participants, uneven terrain or road conditions, effects of weather (temperature, humidity, precipitation, and wind), vehicular traffic, actions of myself and other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and lack of hydration.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event. I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, sponsors, organizers, and assigns.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

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Print Participant's Name	Age	Participant's Signature	Date
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Print Participant's Name	Age	Participant's Signature	Date
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Print Participant's Name	Age	Participant's Signature	Date
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(if under 18 years old, parent or guardian must also sign below)

## PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent and natural guardian does, hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child's participation in the activity or event, and has agreed individually and on behalf of the child, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

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Print Parent's or Guardian's Name	Signature of Parent or Guardian	Date
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