

**WASHINGTON  
PARK**



**COLOR RUN  
JUNE 8, 2024**

**Participant Waiver for Race Registration**

I know that running the Washington Park Color Run 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, and 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 assume all risks associated with running in this event, including but no limited to: falls, physical contact with other participants, volunteers, race personnel, contract service providers, employees, and spectators including the potential the contraction of a communicable disease resulting from contact with other participants, volunteers, race personnel, contract service providers, employees, and spectators.

I assume all risks including: the effects of the weather; high heat and/or humidity; freezing cold temperatures; traffic and the conditions of the road and trail including surrounding terrain.

I assume all such risks being known, appreciated, and accepted by me.

I understand that this is a fun run on trails and roadways in the park. Having read this waiver and knowing these facts and inconsideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Washington Park Color Run, the City of Washington, 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.

In addition, I acknowledge the contagious nature of COVID-19 and other communicable diseases and voluntarily assume the risk that I may be exposed to or infected by COVID-19 and/or other communicable diseases by participating in this event. I acknowledge that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 in connection with my participation in this event and personally assume this risk.

I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purposes. I understand that this event does not provide for refunds in the event of a cancellation, and by signing this waiver, I consent that I am not entitled to a refund if the event is canceled before or during the event.

PARTICIPANT DOB: \_\_\_\_\_

PARTICIPANT SIGNATURE: \_\_\_\_\_ PRINTED NAME: \_\_\_\_\_

GUARDIAN SIGNATURE REQUIRED IF UNDER 18 YEARS OLD

GUARDIAN SIGNATURE: \_\_\_\_\_ PRINTED NAME: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Email: \_\_\_\_\_

T-shirt Size: SELECT ONE

YOUTH Small Medium Large ADULT Small Medium Large XL 2XL 3XL