

SALLY SOMMER FLYNN FOUNDATION

WAIVER

In consideration of my acceptance as a participant in the "Carry on the Courage" 5K Run and Family Walk, I, for myself, my heirs, executors, administrators, personal representatives, successors and assigns, waive and release any and all rights, claims, and causes of action I have or may have against The Sally Sommer Flynn Foundation, "Carry on the Courage" 5K Run and Family, the Village of Northfield, Illinois, The Northfield Park District, their respective representatives and successors, and any and all sponsors, their representatives and successors, that may arise as a result of my participation in the race and any pre- and post-race activities.

I attest and verify that I am physically fit and have sufficiently trained for the completion of this event and that I am not aware of any physical condition which would cause me to be at risk as a result of participating in this event.

I hereby grant full permission to any and all of the foregoing to use any photographs, videos, sound recordings or any other record of this event for any legitimate purpose, including commercial advertising without monetary compensation to me.

Must be Filled out and Signed in order to Participate

Name: _____

Street Address: _____

City: _____ ST: _____ ZIP: _____

Phone: _____

Email: _____

Signature: _____

Date: _____

Other Participants:

Name: _____ Relationship: _____

Signature: _____

Name: _____ Relationship: _____

Signature: _____