



CLEVELAND METROPARKS
Ledges to Lake Adventure Race
WAIVER AND RELEASE

Bib #: _____

Name of Participant: _____ Birth date: ___/___/___ Age: ___ Gender: M F

Parent/Guardian Name (if applicable): _____

Address: _____

City, State, Zip: _____

Phone #: _____ (Home) _____ (cell) E-mail _____

Boat Registration #: _____ Estimated 3.5-mile run time: _____

T-Shirt: YM YL S M L XL XXL XXXL

Event: Ledges to Lake Adventure Race September 21, 2019

By indicating your acceptance, you (on behalf of yourself and/or minor child/ward) understand, agree, warrant and covenant as follows:

Liability and Publicity release: I know participating in an adventure race is a potentially hazardous activity, and I should not engage in running, cycling, and paddling unless I am medically able to do so and properly trained. I agree (on behalf of myself and minor child/ward) to utilize appropriate safety equipment, including but not limited to, a bike helmet and United States Coast Guard approved lifejacket. I further agree to refrain from the use of alcohol and any illegal drugs before or during the race. I assume all risks associated with running, cycling, canoeing and/or kayaking in this event including, but not limited to: falls, trips, struck by, struck against, compressed in, caught in between, entangled, rubbed, abraded or jarred by vibration from equipment or materials, course conditions, traffic, effects of weather, contact with other participants or the natural environment, misuse or failure of equipment, drowning, and collision with another craft, person, or object in the water, and agree for myself (and on behalf of my minor child/ward) to fully release, hold harmless and indemnify the Board of Park Commissioners of the Cleveland Metropolitan Park District, its officers, employees, agents, sponsors, and volunteers from any and all claims related to any illness, injury, including loss of life, property damage, or loss of any other description which I (or my child/ward) may sustain arising out of, or in any way associated with, my (my child's/ward's) participation in the Ledges to Lake Adventure Race. In the event of injury or illness, I authorize (on behalf of myself and my child/ward) Cleveland Metroparks to obtain first aid and/or medical treatment at the nearest and most adequate facility of Cleveland Metroparks' choice. I am aware staff/volunteers may provide support for this program/event, including but not limited to the administration of: first aid, CPR (cardiopulmonary resuscitation), or the use of an AED (automated external defibrillator). I further give my permission for the free use of my (my child/ward) name, voice recording, or photo in any print account broadcast, telecast, or commercial advertising of the event. It is agreed that this document shall be interpreted according to the laws of the State of Ohio.

By indicating your acceptance, you understand, agree, warrant and covenant for yourself and, if applicable, for your minor child/ward, as follows (if the participant is under 18 years of age, the parent/guardian must sign).

Signature: _____

Date: _____