## 2023 Capital Striders Waiver of Participation

January – December 2023

Name	Age	e Gender M / F	
Address	City	Zip	
Phone	E-mail address		
Please add me to the weekly update email	ls which include maps, tips	s and other information	
Are you currently a Capital Striders memb	er? Yes	No, but send me information	n!
Would you be willing to volunteer?	training run water stop	other Capital Striders event	S
I agree that I,	with the Capital Striders Ru to participate in any club or poperly trained, and by my so ub and am in good health, the right of any official to c iles of the club and agree t cipating in all club activities embers, volunteers, race po- traction of a communicable resonnel, contract service p er; high heat and/or humid ng terrain. I understand that	nning Club are potentially hazard ganized events, group training ru signature, I certify that I am media , and I am properly trained. I agre deny or suspend my participation to abide by them. I assume all ris s, which may include but no limite ersonnel, contract service provid e disease resulting from contact w providers, employees, and specta- lity; freezing cold temperatures; the at bicycles, skateboards, baby jou	dous activities, ins or social cally able to ee to abide by for any reason sks associated ed to: falls, ers, employees, with other ators. I assume raffic and the ggers/strollers,

the club for the safety of others around me.

Having read this waiver and knowing these facts I, for myself and anyone entitled to act on my behalf, waive and release the Capital Striders Running Club, Capital Square, Drake University, Fitness Sports Ltd., RunnerStuff.com, The Drake Relays, the Cities of Des Moines, West Des Moines, Clive, Urbandale, Johnston and Windsor Heights, Polk County, and the Road Runners Club of America, all club sponsors, their representatives and successors, from all claims or liabilities of any kind arising out of my participation in the club activities, even though that liability may arise out of negligence or carelessness on the part of the persons or organizations 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 any activities associated with the club. I acknowledge that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand the risk of becoming exposed to or infected by COVID-19 in connection with my participation in any club activities, and personally assume this risk. I agree that I will not participate if I am feeling sick or ill, and or have a fever, or if I have been in contact with someone unrecovered from COVID-19.

I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of the club for any legitimate purposes. I understand that the club does not provide for refunds in the event of cancellations of services, and by signing this waiver, I consent that I am not entitled to a refund if the any club activities including events are cancelled.

Signature:	 Date:	

Parent's Signature if under 18 years: