2024 Capital Striders Waiver of Participation

January - December 2024

Name	_ Age Ge	ender M / F Address
City	Zip	Phone
E-mail address		Please
add me to the weekly update emails which include maps, tip	os and other infor	mation Are you
currently a Capital Striders member? Yes No, but se	nd me informatio	n! Would you be willing to
volunteer?training run water stopother Capital Stric	lers events	
I agree that I, [your name] known runs, social events, and races associate with the Capital Stawhich could cause injury or death. I will not participate in an events, unless I am medically able and properly trained, and perform all activities associated with the club and am in good all rules established by the club, including the right of any of whatsoever. I attest that I have read the rules of the club and with being a member of the club and participating in all club physical contact with other participants/members, volunteer employees, and spectators including the potential contraction other participants/members, volunteers, race personnel, con assume all risks including: the effects of the weather; high hand the conditions of the road including surrounding terrain joggers/strollers, animals, and personal music players are dabide by all rules of the club for the safety of others around	riders Running Clay club organized by my signature of health, and I are fficial to deny or set activities, which is activities, which is race personnel on of a communication activities and/or humid and and/or humid and and/or humid becouraged in clu	ub are potentially hazardous activities, events, group training runs or social e, I certify that I am medically able to m properly trained. I agree to abide by suspend my participation for any reason by them. I assume all risks associated may include but no limited to: falls, I, contract service providers, eable disease resulting from contact with viders, employees, and spectators. I lity; freezing cold temperatures; traffic it bicycles, skateboards, baby

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: _		