## NAME OF EVENT: \_\_\_\_

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for risk of death, serious injury and/or property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, acts of God, weather, condition of athletes, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are inherent not only for athletic participants, but are also for volunteers or anyone else who participates in any way in the above-named event. I acknowledge and agree that by signing this release/waiver form, I understand and hereby assume all of the risks of participating and/or volunteering in this event.

I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person. I understand and agree that this waiver/release form will govern my actions and responsibilities at the above-stated event, and I acknowledge that I have read and understood its terms and that I am signing this form and agreeing to them without relying on any other representations or statements of any kind, other than those stated herein.

In consideration of permitting me to participate in this event, I hereby release and discharge Dane County Humane Society ("DCHS") from any and all claims, rights, demands, actions, causes of action, expenses and damages, which I or my heirs ever had, now have, or may have against DCHS arising out of any incident, accident or negligent act on the part of DCHS or any of its agents, employees and representatives relating to my participation in the above-named event, including, but not limited to, damages resulting in death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter occur to me including my traveling to and from this event. I further agree to indemnify, hold harmless, and agree not to sue DCHS or any of its representatives for any liability or claims made as a result of participation in this event, whether caused by negligence or otherwise. I fully assume the risks for any injury, losses or damages of any kind resulting from such risks involved in my decision to participate in this event.

By signing this form, I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns.

The Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I acknowledge that I have read, fully understand and voluntarily agree to the terms of this release/waiver and that I am not relying on any oral representations, statements or inducements apart from this release/waiver in agreeing to sign it.

Print Participant's Name

Age

Signature (If under 18 years old, Parent or guardian must also sign below)

Date

PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent and/or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and is fully responsible and agrees to save and hold harmless and indemnify DCHS from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Print Participant's Name

Age

Signature of Parent or Guardian

Date