



Get Me Some Color 5K

Volunteer Waiver

1 Your info

NAME _____

AGE ON RACE DAY _____

CITY/STATE _____

EMERGENCY CONTACT PHONE _____

2 Waiver

I know that volunteering for a road race is potentially hazardous activity. I should not volunteer to help unless I am medically able and properly trained. I also know that although police protection may be provided, there may be a possibility of traffic on the course routes. I understand that bicycles are not allowed on the course and headphones are not allowed during this event. If a runner has a stroller, they shall start toward the back. I assume the risk of participants, the effects of the weather, including high heat and humidity, and the condition of the roads, all such risks being known and appreciated by me. Furthermore, I agree to yield to all emergency vehicles. Knowing these facts, and in consideration of your accepting my entry, I hereby for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not to use, and waive and release and discharge Bigwig Races LLC and its affiliates, their agents, employees, officers, directors, successors and assigns, volunteers, the city of Colorado Springs, and any and all race sponsors, their representatives and successors, from any and all claims or liability for death, personal injury, or property damage of any kind or nature whatsoever arising out of, or in the course of, my participating in this event. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known sponsors and/or agents authorized by them to use any photographs, videotapes, motion pictures, recordings, or any other record of this event for any purpose. Further, I hereby grant full permission to any and all of the foregoing to use my name and likeness in any broadcast, telecast, video or print media of the event without compensation to me. Applications for minors accepted only with parent or guardian's approval. I attest and verify that I am physically fit and have sufficiently trained for the completion of the event and I have not been advised otherwise by a qualified medical person. I understand the entry fee and bib numbers are nontransferable.

SIGN

DATE _____