

ACCIDENT WAIVER AND RELEASE OF LIABILITY

I acknowledge that this is a strenuous test of my athletic ability. The SUTALLEE TRACE TRAIL CHALLENGE TRAIL RUN is a rigorous test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, darkness, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, lack of hydration, and actions of other people including but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors and/ or producers of the event. These risks are not only inherent to athletics, but are also present for volunteers. I hereby agree to assume all of the risks of participating and/ or volunteering in the SUTALLEE TRACE TRAIL CHALLENGE TRAIL RUN. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released from dangerous or defective property owned, maintained, or controlled by them or because of their liability without fault. I certify that I am physically fit, have trained sufficiently for participating in this event and have not been advised otherwise by a qualified medical person. I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holders, sponsors and organizers, and that it will govern my actions and responsibilities at said event. In consideration of my application and permitting me to participate in the SUTALLEE TRACE TRAIL CHALLENGE TRAIL RUN, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me including attorney's fees, expert fees, litigation costs, and my traveling to and from the SUTALLEE TRACE TRAIL CHALLENGE TRAIL RUN THE FOLLOWING ENTITIES OR PERSONS: MOUNTAIN GOAT ADVENTURES LLC., and any involved municipalities, their directors, officers, employees, volunteers, representatives and agents, the event holders, event directors, event sponsors, vendors, event volunteers, property owners; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in the SUTALLEE TRACE TRAIL CHALLENGE TRAIL RUN, whether caused by the negligence of releasees or otherwise. I hereby consent to receive medical treatment which 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 and/ or videotaped. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, organizers and/ or assigns. This Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum permissible under applicable law. In the event any aspect of this release is deemed to be unenforceable, I hereby agree that the release shall be construed as broadly as possible without impacting the remaining aspects of this release. I further agree to abide by all the rules and regulations as set forth by the directors of this event. I hereby certify that I have read this document and understand its content.

Print Name: _____

Signature: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____