



Please return completed form, signed waiver and make checks payable to:

**Fauquier County Dept. of Parks & Rec**  
**Marshall Community Center**  
**4133-A Rectortown Road**  
**Marshall, VA 20115**

**Registration Form**

Please check one:  5K- \$30- [\(9975\)](#)  1-mile Fun Run- \$15- [\(9976\)](#)

Name: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Sex: M\_\_ F\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ e-Mail: \_\_\_\_\_

Business/Non-Profit/Family/Group Name (if applicable): \_\_\_\_\_

Participating Non-Profit of Choice: TOPSoccer

**Register by December 16, 2016** for your early registration gift!

Contact Samantha Griffith at 540-422-8580 or

[Samantha.griffith@fauquiercounty.gov](mailto:Samantha.griffith@fauquiercounty.gov) with questions.

**Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement**

In consideration of being permitted to participate in any Fauquier County Parks and Recreation Department sponsored events, I, for myself and my personal representatives, assigns, heirs and next of kin:

1. 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 death, serious injury and property loss. The risks include, but are not limited to those caused by terrain, facilities, temperature, 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 not only inherent to athletics, but are also present for volunteers. I hereby assume all of the risks of participating or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

2. 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 acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by the event holders, sponsors, and organizers in events in which I may participate and that it will govern my actions and responsibilities at said events.

3. In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assign 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 or my traveling to and from this event, Fauquier County Parks and Recreation, its employees, volunteers, representatives and agents, the event holders, event sponsors, event directors, event volunteers, and event officials (collectively releases); (B) Indemnify and Hold Harmless the entities for myself, my heirs, executors\administrators, legal representatives, assignees and successors in interest (collectively Successors) I HEREBY WAIVE, RELEASE, DISCHARGE, HOLD HARMLESS AND PROMISE TO INDEMNIFY AND NOT TO SUE the releases and the sponsors of this event, the organizer and any promoting organizations, all property owners including Vint Hill EDA, law enforcement agencies, all public entities, special districts and properties, and their respective agents, officials and employees through or by which the events will be held, (the foregoing are also collectively deemed to be released) FROM ANY and all right and CLAIMS INCLUDING CLAIMS ARISING FROM THE RELEASEE'S OWN NEGLIGENCE which may be sustained by me directly or indirectly in connection with , or arising out of my participation in or association with the event or travel to or return from the event.

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. 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/or assigns. This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document and I understand its content.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENT OR GUARDIAN WAIVER FOR MINORS (Under 18 years old)**

The undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above 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.

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_