

# RUNNING EVENT WAIVER FORM (Signature Required)

This form is only for HMF running events. Triathlons and duathlons use USA Triathlon waiver which is distributed at event packet pickup. USAT waiver must be signed in person by participating athlete at packet pickup. No substitution.

I know that running is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I hereby certify that I am in good health and I have trained to run the distance of the race, which I am entering. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry into this running race, I, for myself and anyone entitled to act on my behalf, waive and release the Hartford Marathon Foundation, Inc., its officers, directors, agents, volunteers and employees, all states, cities, counties, the Metropolitan District Commission or other governmental bodies or locations in which events or segments of events are held, all sponsors, their representatives and successors, from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose. I understand that bicycles, skateboards, roller skates or inline skates and animals are not allowed in the event and I will abide by this policy. I also understand that baby joggers are discouraged for the safety of all participants. I am aware that the Foundation strongly discourages the use of personal audio devices (iPods and MP3 headsets).

I authorize any healthcare provider to release any and all information pertaining to my healthcare, medical condition and medical treatment as a result of my participation in this Hartford Marathon Foundation, Inc. event to the Hartford Marathon Foundation, Inc. and its staff.

Athlete Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Athlete Signature: \_\_\_\_\_

Parent Signature (if under 18): \_\_\_\_\_

HMF15

**Someone else picking up your packet?** They must bring this PERMISSION SLIP signed by you to Packet Pick-up along with a copy of your photo ID.

I, \_\_\_\_\_, hereby authorize the holder of this document  
(athlete/participant name, please print clearly)  
permission to pick up my race packet which includes my race bib and timing chip.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_