2022 Capital Striders Waiver of Participation

January – December 2022

| Name | · · · · · · · · · · · · · · · · · · · | Age | Gender M/F | |
|--|--|--|--|--|
| Address | City | Zip |) | |
| Phone | E-mail address | | | |
| Please add me to the weekly update emails which include maps, tips and other information | | | | |
| Are you currently a Capital Stric | ders member? | ☐ No, | but send me info | rmation! |
| Would you be willing to voluntee | er? training run water st | op othe | r Capital Striders | sevents |
| gree that I, [your name] know that running in and volunteering for organized group runs, social events, and races associate with the Capital Striders Running Club are potentially hazardous activities, which could cause injury or death. I will not participate in any club organized events, group training runs or social events, unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform all activities associated with the club and am in good health, and I am properly trained. I agree to abide by all rules established by the club, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the club and agree to abide by them. I assume all risks associated with being a member of the club and participating in all club activities, which may include but no limited to: falls, oblysical contact with other participants/members, volunteers, race personnel, contract service providers, employees, and spectators including the potential contraction of a communicable disease resulting from contact with other participants/members, volunteers, race personnel, contract service providers, employees, and spectators. I assume all risks including: the effects of the weather; high heat and/or humidity; freezing cold temperatures; traffic and the conditions of the road including surrounding terrain. I understand that bicycles, skateboards, baby joggers/strollers, animals, and personal music players are discouraged in club organized runs or events, and I will abide by all rules of the club for the safety of others around me. | | | | |
| Having read this waiver and known release the Capital Striders Rui The Drake Relays, the Cities of Polk County, and the Road Rur all claims or liabilities of any kind arise out of negligence or carelogens. | nning Club, Capital Square, Dra Des Moines, West Des Moines nners Club of America, all club and arising out of my participation | ake University, F s, Clive, Urband sponsors, their n in the club acti | Fitness Sports Ltd lale, Johnston an representatives a ivities, even thou | d., RunnerStuff.com, ad Windsor Heights, and successors, from gh that liability may |
| In addition, I acknowledge the cassume the risk that I may be exparticipating in any activities as personal injury, illness, perman by COVID-19 in connection with will not participate if I am feeling unrecovered from COVID-19. | exposed to or infected by COVII sociated with the club. I acknow ent disability, and/or death. I urn my participation in any club a | D-19 and/or othow ledge that such nderstand the ris ctivities, and pe | er communicable n exposure or infosk of becoming e rsonally assume | e diseases by ection may result in xposed to or infected this risk. I agree that I |
| I grant permission to all of the for the club for any legitimate purpocancellations of services, and be activities including events are constitutions. | oses. I understand that the clu by signing this waiver, I consent | b does not prov | ide for refunds in | the event of |
| Signature: | Date | : | | |
| Parent's Signature if under 18 y | /ears: | | <u>-</u> | |