



FUN RUN REGISTRATION /
OBSTACLE COURSE PARTICIPATION

Name: _____

Age: _____

Parent/Guardian Name: _____

Emergency Contact Number: _____

Parent/Guardian, please sign and date the waiver on back.

A signed waiver by a parent or guardian is required to participate in the Fun Run and/or the Obstacle Course.

Thanks!

ASSUMPTION OF RISK
(IMPORTANT: READ BEFORE SIGNING!)

You are registered for the Healthy Strides Expo fitness events: the Fun Run and/or the Obstacle Course. There are inherent risks involved in participating in these fun fitness events. Prior to participating in the race this letter must be read, understood and signed by each participant. If the participant is a minor, the participant and the participant's parent(s) or legal guardian must read, understand and sign this letter. **This letter must be signed and on file in order to participate.**

Each participant must acknowledge and fully understand that they will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result from their own actions, inactions or negligence, and the actions, inactions, or negligence of others, or the conditions of the premises. Each participant must assume all the foregoing risks and accept personal responsibility for the damages and medical expenses following any such injury, permanent disability or death. Each participant will be responsible for such injuries and/or property damage as described above and agrees to hold harmless the County of Fairfax, Park Authority, its officers, employees, volunteers and/or agents for such losses which might result from their participation in this activity.

This letter may not be modified in any way. If any part of this letter is determined to be invalid by law, all other parts of this letter shall remain valid.

Running and jogging is strenuous activity. People who are not physically able to engage in strenuous activity should not participate. It is recommended that you consult your physician before engaging in any new or strenuous physical activity.

Parents/Guardians complete the following information:

THE UNDERSIGNED HAS READ ALL OF THE ABOVE LETTER AND FULLY UNDERSTANDS ITS CONTENT, AND SIGNS IT VOLUNTARILY

Parent/Guardian Signature _____

Date: _____