

WISSAHICKON WANDERERS TRAIL SERIES WAIVER

In submitting this form, I, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have now or hereafter arising against the Wissahickon Wanderers 2023 Trail Series, all sponsors and race administrators, and their employees, officers, directors, principals, agents, representatives, successors, and assigns, including but not limited to any and all claims of damages, injuries, demands, actions, whatsoever, however they may occur, arising as a result of my participation in said event.

I acknowledge that I am aware of the inherent risks in participating in an athletic event of this type. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event. Furthermore, I hereby grant full permission to any and all of the foregoing to use my name, my voice, and/or my picture in any broadcast, telecast, advertising, promotion or other account of this event for any purposes whatsoever.

NAME (print) _____

SIGNATURE: _____ DATE: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS: _____

(Note: We do not share any personal information with any third party for any reason!)