

# LIABILITY WAIVER FOR JDT RACE

I \_\_\_\_\_, do hereby assume full responsibility and waive all claims against Mt. Brighton Inc., and of its sponsors, employees, and any agent thereof, for any damages, injuries, and/or losses that I sustain or incur while performing in or associating with Mt. Brighton. I understand that proof of Medical Insurance coverage for myself is required and that this waiver must be signed in order to participate. I have also read and I understand and agree to follow all rules and regulations set forth by Mt. Brighton Inc.

Signed: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_  
(If participant is under 18)

In consideration of Mt. Brighton Inc. permitting me/my child to participate in the JDT RACE-FEB 11<sup>TH</sup> 2012, I hereby, and for my/my child's heirs, executors, administrators, and/or assigns, waive and release any rights and claims of any nature that I/my child may have against Mt. Brighton Inc., its officers, employees, agents, chapters, assignees, licensees, and cooperating entities, their representatives, heirs, executors, administrators, and/or assigns and against any and all injuries or damages of any nature which I/my child may suffer while taking part in activities connected with the event. Consent is also hereby given to use my/my child's name, picture, or portrait, writings, or biographical information and audio and/or video recordings and sound or silent motion pictures of me/my child in any media for editorial, educational, promotional, and advertising purposes, for the solicitation of contributions, and for any other purposes in furtherance of the purposes of Mt. Brighton Inc.

This release and consent shall be binding upon me/my child's heirs, executors, administrators, and/or assigns.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Home address, city, state, ZIP

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature of Parent or Guardian (If participant is under 18)\*

\*If not signed in the presence of a Mt. Brighton representative this form must be notarized.

DATE \_\_\_\_\_

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