

Reason 2 Run  
Drop In/Clinic Waiver  
2025/2026

I \_\_\_\_\_ (name of participant) know that running and participating in this clinic is a potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able, and by my signature, I certify that I am medically able to participate in this clinic, and am in good health. I agree to abide by any decision of clinic leaders, relative to any aspect of my participation in this clinic, including the right of any leader to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the clinic and agree to abide by them. I assume all risks associated with participating in this clinic, including but not limited to: falls, physical contact with other participants, volunteers, clinic personnel, contract service providers, employees, and spectators including the potential the contraction of a communicable disease resulting from contact with other participants, volunteers, clinic 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, roller skates or inline skates, and noise cancelling personal music players are not allowed in the clinic, and I will abide by all clinic rules. Having read this waiver and knowing these facts and inconsideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Reason 2 Run Run Clinic, the city of Quesnel, and Reason 2 Run event volunteers, 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 my photographs, motion pictures, recordings or any other record of this event for any legitimate purposes. I understand, and by signing this waiver, I consent that it is true for the date range listed above.

Printed Name of Signatory: \_\_\_\_\_

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

Date: \_\_\_\_\_

Parent's Signature if under 18 years: \_\_\_\_\_

Date: \_\_\_\_\_

