

General Participant Waiver for 5K Run/Walk

PHOAA's Path to the Past

Saturday, September 27, 2025 | 7:00 AM- 2:00 PM

College Park Housing Authority

1940 Princeton Ave.

College Park, GA 30337

Waiver and Release of Liability

In consideration of being permitted to participate in the above 5K Race or related events, I acknowledge and agree to the following:

1. **Assumption of Risk:** I am voluntarily participating in this event, which may involve risks, including but not limited to falls, contact with other participants, adverse weather conditions, traffic hazards, and other potential hazards. I knowingly and freely assume all such risks.
2. **Health Certification:** I certify that I am physically fit and have not been advised otherwise by a medical professional. I understand, and it is my responsibility to ensure that I am medically able to participate.
3. **Release and Indemnification:** I hereby release and discharge the organizers of this event, including but not limited to PHOAA, sponsors, volunteers, local authorities, and their representatives, from all liability claims or demands arising out of or related injury, illness, loss, or damage resulting from my participation.
4. **Medical Treatment and Authorization:** I authorize medical personnel to provide emergency treatment if needed. I assume responsibility for any medical expenses incurred.
5. **Media Consent.** I grant permission for the use of photographs, videos, and other media taken of me at the event for promotional purposes.
6. **COVID-19 and Communicable Diseases:** I acknowledge the risk of exposure to viruses, including COVID-19, and agree not to hold PHOAA liable for any illness or health consequences resulting from participation.

Participant's Name _____ (Print)

Signature _____

Date _____

Emergency Contact _____

Phone _____

Minor Waiver for Participants Under 18

Parent/Guardian Name _____ (Print)

Signature of Parent/Guardian) _____

Date _____

I, the undersigned, am the parent or legal guardian of the minor named below. I have read and fully understand the terms of the general waiver above. I hereby give my full consent for my child to participate in the event and agree to all terms stated.

Minor's Name _____

Age _____

Parent/Guardian Name _____

Signature of Parent/Guardian _____

Date _____

Please type all names as your signature(s).