



PATTERSON APRICOT FIESTA COPS & COTS 5K RUN/WALK

PARTICIPANT'S NAME: _____

PHONE: _____ EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

T-SHIRT SIZE: _____

Release of Liability for Cops and Cots 5K Run/Walk

This Release of Liability (the "Release") is executed on this __31st__ day of _____ May _____, 2025, by the undersigned (The Participant) in favor of The Apricot Fiesta, Patterson Joint Unified School District, City of Patterson and the Stanislaus County Sheriffs Office, its affiliates, sponsors, officers, employees, volunteers, agents, representatives, and successors (collectively referred to as the "Released Parties").

1. Acknowledgment of Risk:

The Participant understands that participation in the 5K Run involves physical activity and may involve risks of injury or harm. The Participant acknowledges that these risks include, but are not limited to, falls, contact with other participants, the effects of weather (including heat, humidity, or precipitation), traffic, and other hazards associated with outdoor running events.

2. Assumption of Risk:

The Participant voluntarily and knowingly assumes all risks associated with participating in the 5K Run. The Participant acknowledges that they are in good physical health and have the necessary fitness level to safely participate in the event. If the Participant has any doubts regarding their physical condition or ability to participate, they agree to consult with a medical professional before participating.

3. Waiver and Release of Liability:

In consideration of being allowed to participate in the 5K Run, the Participant agrees to release, discharge, and hold harmless the Released Parties from any and all claims, demands, actions, causes of action, damages, costs, and expenses (including legal fees) arising out of or in any way related to the Participant's participation in the event. This includes, but is not limited to, any injuries, damages, or losses caused by the negligence, action, or inaction of the Released Parties.

4. Medical Treatment:

The Participant authorizes the Event Organizer to obtain medical treatment in the event of an emergency and agrees to bear any costs associated with such treatment. The Participant also agrees to notify event officials of any medical conditions or concerns prior to the event.

5. Media Consent:

The Participant grants permission to the Event Organizer and its affiliates to take photographs, video, or other recordings during the event and to use such media for promotional, advertising, or other purposes without compensation or further consent.

6. Governing Law:

This Release shall be governed by and construed in accordance with the laws of the State of California, without regard to its conflicts of laws principles.

7. Severability:

If any provision of this Release is found to be invalid or unenforceable, the remaining provisions shall remain in full force and effect.

By signing below, the Participant acknowledges that they have read and fully understand this Release of Liability and voluntarily agree to its terms.

Participant Name (Printed): _____

Participant Signature: _____

Date: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Parent's or Guardian's Name for Minor Child (Printed): _____

Parent or Guardian Signature: _____