

**Endurance/Multi-sport:**

Fitness/Training: I know that competing in endurance events is a potentially hazardous activity, testing physical and mental limits of the participants, and that I should not enter any such event unless I am medically able to do so and properly trained. I hereby confirm that I am physically fit and sufficiently trained for participation in the event or sport and have not been advised otherwise by a qualified medical person.

Assuming Risk: I hereby voluntarily assume all risks associated with the endurance event that I am registering to participate in, including but not limited to: death, disability, physical injury, emotional injury, property loss, the facilities, weather, temperature, equipment, venue, and actions of other people.

Waiver/Release: Understanding the fitness/training requirements and risk involved in this endurance event, I hereby for myself and anyone entitled to act on my behalf, including my executors, administrators, heirs, next of kin, successors, and assigns, hereby waive and release Athlete In You, LLC, the event directors, sponsors, organizers, and volunteers, and their representatives, successors, and assigns from all claims, liabilities or loss of any kind arising out of my participation in this event or carelessness on the part of persons named in this waiver. I agree to pay for my own medical expenses in the case of an accident or illness regardless of whether I have authorized such expenses.

Use of Likeness: I understand that the event or sport may be filmed, photographed, and/or recorded. I agree to the use of my name, image and likeness, and the name, image, and likeness of the minor child I am legal guardian for, to be shown in broadcasts, radio, telecasts, videos, news coverage, web, photographic, sound, or any other digital or analog representation of the event.

Waiver/Release: Understanding the fitness/training requirements and risk involved in this endurance event, I hereby for myself and anyone entitled to act on my behalf, including my executors, administrators, heirs, next of kin, successors, and assigns, hereby waive and release the City of Sparks, and their representatives from all claims, liabilities or loss of any kind arising out of my participation in this event or carelessness on the part of persons named in this waiver. I agree to pay for my own medical expenses in the case of an accident or illness regardless of whether I have authorized such expenses.