P.A.C. Princeton A. C. sign in sheet ____ of ____

Venue: **Institute Woods**, Institute for Advanced Study, Princeton Friends School, Princeton Friends Meeting

Date:

Event: cross-country run greater than 50 minutes note **W** next to bib number

WAIVER: I know that participating in a race, whether as competitor or volunteer, is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I also know that there will be traffic, hazards, debris and poor footing on the course and assume the risk for running on it. I also assume any or all other risks associated with running or attending the race including but not limited to falls, contact with other participants, the affects of the weather, getting lost, wildlife and insect attacks and all such risks being known and appreciated by me. Knowing these facts, and in consideration of your accepting my entry fee, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, release and indemnify Princeton Athletic Club of Princeton, New Jersey, Inc., property owners named above, the race director, course officials, all other organizations directly or indirectly associated with the race, any and all sponsors including their agents, officers, employees, assigns or anyone acting for or on their behalf, from any or all claims or liability for death, personal injury or property damage of any kind of nature what so ever arising out of, or in the course of, my participation in this event(s). This waiver extends to all claims of every kind or nature what so ever, foreseen or unforeseen, known or unknown. By entering this race, I am granting permission to Princeton Athletic Club of Princeton, New Jersey, Inc. to use any pictures or likenesses of me secured at the event in any way they see fit without review, restriction or compensation. (Parent's or guardian's signature if entrant is under 18 years of age. This is to certify that my son/daughter has my permission to compete in this event, is in good physical condition, and that the event officials have my permission to authorize medical treatment if necessary.)
BY SIGNING THIS, I ATTEST THAT I HAVE READ AND UNDERSTAND THIS WAIVER.

I understand that personal audio devices, pets, and strollers are prohibited on the course during the event.

Bib	First & Last Name	Email (only day-of entry, 18yrs+)	Sex	Age	City	State	Sign in