



FUN RUN 2020
#300LaSalle

WAIVER AND QUITCLAIM

I know that walking/running is a potentially hazardous activity. I should not enter and participate in the Race unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the Race. I hereby certify that I am in good health and I have trained to walk/run the distance of the race, which I am entering. I assume all risks associated with walking/running in this Race including, but not limited to: contact with other Participants, the effects of weather, including high heat and/or humidity, traffic and the conditions of the road, injury, loss, damage, or death caused to me or my property or any other person, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry into this Race, I, for myself and anyone entitled to act on my behalf, waive and release to De La Salle Medical and Health sciences Institute, its officers, directors, agents, volunteers, and employees, all governmental bodies or locations in which the Race is held, all sponsors, 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 any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose without giving monetary consideration to me. I understand that use of any wheeled devices such as: bicycles, skateboards, roller skates or inline skates, and animals are not allowed in the event and I will abide by this policy. I am fully aware of my responsibility and assume any and all risks, including injury to person, related to my participation and/or my child or baby's participation. I am aware that the Race organizers strongly discourage the use of personal audio devices.

WAIVER AND CONFIDENTIALITY NOTICE

By submitting this form, I am authorizing the Lasallian Mission Celebration committee to make a follow through on any subject related to AniMission Fun Run 2020.

I affirm to let my information be recorded in De La Salle Medical and Health Sciences Institute roster of partners and to receive notification from time to time. You may email ico@dlshsi.edu.ph should you prefer to opt out from the mailing list.

Signature over Printed Name

Date