

NOVA Parks
Assumption of Risk/Photo Release
(2017 Snowflake Stampede)

I acknowledge that I have voluntarily registered to participate in the NOVA Parks' Snowflake Stampede fun run/walk being held on November 18, 2017 at Bull Run Regional Park in Centreville, Virginia.

I know that running or walking this event is a potentially hazardous activity and that I should not enter and run or walk unless I am medically able and properly trained. I agree to abide by any decision of an event official relative to my ability to safely complete the run or walk. I assume all risks associated with this event including, but not limited to; falls, contact with other participants, the effects of weather, including high heat or humidity, ice & snow, traffic and conditions of the course; I know and appreciate all such risks.

Having read this Assumption of Risk and knowing these facts, and in consideration for your accepting my entry, I, for myself and for anyone entitled to act on my behalf, fully and forever release and discharge NOVA Parks' and its volunteers, employees and agents from any and 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 Assumption of Risk.

Also, none of the above is responsible for the loss of personal items or any other form of aggravation in connection with this event.

Further, I grant permission to all the foregoing to use any photographs, motion pictures, recordings or any other record of this event for legitimate purposes.

If you have any questions or concerns prior to participating in the 2.5 mile Snowflake Stampede fun run/walk, please speak with a NOVA Parks' official.

Participants must complete the following information

In the event of an emergency, NOVA Parks should contact:

Name: _____ Relationship to participant: _____
Address: _____ Phone #: _____

THE UNDERSIGNED HAS READ THE ENTIRE RISK ASSUMPTION AND FULLY UNDERSTANDS ITS CONTENTS, AND SIGNS IT VOLUNTARILY.

Participants name: _____ Signature: _____ Date: _____
Address: _____ City: _____ State: _____ Zip: _____
Date of Birth: _____

FOLLOWING SECTION MUST BE COMPLETED IF PARTICIPANT IS UNDER 18

Name of Parent/Guardian: _____ Signature: _____
Relationship: _____