

**\*INDIVIDUAL WAIVER REQUIRED FOR EACH PARTICIPANT**

**Hope Foundation of FL, Inc**

**Iron Sharpeners Run for the Dream Release and Waiver of Liability Agreement:**

I \_\_\_\_\_ am over the age of 18 or have obtained my parent or guardian consent as I hereby certify the following: (1) I am physically fit and have received medical clearance to participate in the Iron Sharpeners Run for the Dream, (2) In consideration of my application to participate in the event being accepted, I, on behalf of myself, my heirs and assigns, and my estate, hereby waive and forever discharge The Hope Foundation of FL, Inc., its sponsors, organizers, affiliates, as well as their agents and employees, from any and all claims that may accrue as the result of my participation, (3) I hereby grant The Hope Foundation of FL, Inc., specific permission to reproduce, publish, circulate, copyright or otherwise use any and all photographs and/or video recordings of me and/or my family, taken at the Run for the Dream event, for use by The Hope Foundation of FL, Inc., I also grant permission to The Hope Foundation of FL, Inc. to contact me by telephone or text message at the number listed on my application regarding the Run for the Dream event, including race results, and for fundraising purposes. Please note that your carrier may charge for receipt of text or cell data. and (4) I acknowledge that all registration fees and donations are non-refundable and non-transferable.

I understand and acknowledge that participation in the Run for the Dream is voluntary. I assume all inherent and other risks and accept responsibility for any property damage or loss and for any personal serious injury, illness, disability, emotional distress and/or death that I may suffer, whether described in this release or not. I further agree to forever release and discharge The Hope Foundation of FL, Inc., from, and agree not to sue, for any and all liability or claims. This release is for any type of claim, including breach of contract, fraud or any other type of suit, and includes losses both known or unknown, regardless of or alleged to be caused by the negligence of The Hope Foundation of FL, Inc., to the fullest extent permitted by law. I agree that the substantive laws of Florida govern this Agreement and any dispute I have with The Run for the Dream, Inc., and consent to jurisdiction in Florida. Any mediation, suit or proceeding will be entered into only in Florida. Any portion of this Agreement deemed unlawful or unenforceable is severable and shall be stricken without effect on the enforceability to the remaining provisions.

I have read this Agreement, understand its contents and I sign it voluntarily. I intend by this Agreement to assume all hazards and risks, waive all rights to sue and release all liabilities and claims, and indemnify The Hope Foundation of Florida, Inc., for any claims arising from my participation in the Run for the Dream. It is my responsibility to report any and all personal physical conditions that could impact my participation and to report any unsafe conditions that I may encounter to the appropriate authority. I understand that this Agreement has no expiration date and remains in effect at all times that I am participating or observing the Run for the Dream, and will be binding on me, my family members, heirs, assigns, executors, representatives and estate.

I, on behalf of myself, my heirs and assigns, and my estate, hereby agree to indemnify and hold harmless The Hope Foundation of FL, Inc., its organizers and affiliates, as well as their agents, employees and volunteers (the “indemnities”) from all claims for any liability, injury, loss or damage in any way connected with this event, and also waive and forever discharge the indemnities from any and all claims that may accrue as the result of my dog’s participation. I understand that this waiver has important legal consequences and limits my ability to recover money if my dog is injured as a result of its participation in this event. I have been given the opportunity to discuss its terms and consequences with an attorney of my choosing if I wish to do so. I have read this Agreement, understand its contents and I sign it voluntarily.

Print \_\_\_\_\_ Signature \_\_\_\_\_

Minor name \_\_\_\_\_ Name of Guardian \_\_\_\_\_

Signature of legal Guardian of the minor running \_\_\_\_\_

Date \_\_\_\_\_