2025 Tremper Dog Days of August XC Open Race Waiver

WAIVER: In consideration of the acceptance of my entry in the Tremper Dog Days of August XC Invitational Open Race on Saturday August 30 2025, I, the participant, intending to be legally bound do hereby waive and forever release Kenosha Tremper High School, the Kenosha Unified School District, the University of Wisconsin-Parkside, The Board of Regents of the University of Wisconsin System, its officers, employees, and agents and Wisconsin Running Systems, their officers and employees, and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

I know that running a cross country race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typically found in running a cross country race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition.

In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered

Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, video graphic or electronic recording of this event for legitimate purposes.

By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver including the no refund policy.

_____

Last Name First Name Middle Initial

_____

Address City State
ZIP

(_____) _____

Telephone Email

_____ _____ _____

Birthday Age Race Day Gender

_____

Signature of entrant or parent/guardian if under 18 date