**2025 Ten Friends 5K Color Run/Walk Liability Waiver**

**Please fill out one Liability Waiver per participant/family**

**Activities:** Event takes place on **Saturday, June 1, 2025**. Includes 3.1 miles of running or walking, primarily on asphalt or sidewalk, crossing several intersections, and having non-toxic dye powder thrown at you at your request. Post run/walk festivities include food and beverages (some free and also some from local vendors), games and music. If you are a family, please fill out the names of each participant and designate one parent as the responsible party.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:  **\_\_** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:  **\_\_**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:  **\_\_** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:  **\_\_**

Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact:   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Emergency Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In consideration of myself and/or my child participating in the aforementioned activities, and fully recognizing the dangers and hazards inherent in this activity and any related transportation, I waive and release any and all rights and claims for losses and damage that I or my child may have against Bend-La Pine School District #1 arising in any way from the participation in these activities. This release shall be binding upon our representative successor and assigns. I/We understand that this permission is for the remainder of the school year (2024-2025) as long as my/our student qualifies for the opportunity to participate.

It is important to know that Bend-La Pine School District #1 does not carry accident insurance for students. This means that you, as a parent or guardian, are responsible for any medical bills if your child is hurt during school activities. In the event that I or my child may require emergency medical treatment while participating in the aforesaid activities, I authorize Bend- La Pine School District #1 and its employees to secure the services of a physician or hospital, and to incur the expenses for necessary services in the event of an accident or illness and I/We will provide for the payment of these costs.

I have read this release, understand it fully, understand that it is legally binding, and I/We agree to indemnify the Bend-La Pine School District #1 and their employees for injuries, damage or losses I or my child may cause and give up rights to sue Bend-La Pine School District #1 for injuries, damages, or losses I or my child may incur, this includes their personal gear. This release does not apply to gross negligence on the part of the Bend-La Pine School District #1, its employees, or agents.

Dated this  **\_\_\_\_\_\_\_** day of  **\_\_\_\_\_\_**

Signature of Participant/Responsible party:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**