



CAVERN CITY CHILD ADVOCACY CENTER

PARTICIPANT AGREEMENT, WAIVER AND RELEASE FORM THIS FORM MUST BE COMPLETED BEFORE ANY PARTICIPATION WILL BE ALLOWED

Participant's Name _____ Date of Birth ____ / ____ / ____

Address _____ City/State Zip _____

Gender (circle one) M F Age _____ Grade _____ Email _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact _____

Relationship to Participant _____

Day Time Phone Number _____ Alternate Phone Number _____

Race BIB Number _____ (Completed by **Amazing Race** Crew)

AGREEMENT, WAIVER AND RELEASE

In consideration of being permitted by the Cavern City Child Advocacy Center to participate in activities during the **Amazing Race - Carlsbad**, I hereby waive, release and discharge any and all claims for damage for personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of participation in activities at said activity. This release is intended to discharge in advance the Cavern City Child Advocacy Center, its officers, employees and agents from any and all liability arising out of or connected in any way with my participation in this activity even though that liability may arise out of negligence or carelessness on the part of those parties. It is understood that the activity I will be participating in involves an element of risk and danger of accidents and knowing those risks, I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold harmless, the Cavern City Child Advocacy Center, its officers, employees and agents from any loss, liability, damage, cost or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in the **Amazing Race - Carlsbad**.

I understand that by participating all Participants consent to photo images taken by the **Amazing Race - Carlsbad** Crew during this activity to be used in any or all of the Cavern City Child Advocacy Center publications and websites.

CONSENT OF PARENT/GUARDIAN (If Participant is a minor)

I am the parent or legal guardian of the participant listed above. I hereby consent that the participant may participate in the **Amazing Race - Carlsbad** and I hereby execute the Agreement, Waiver and Release on his/her behalf. I hereby affirmatively state that the said Participant is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost or expense that they may incur as result of the death or any injury or property damage that said participant may sustain while participating in **Amazing Race - Carlsbad**.

I HAVE CAREFULLY READ BOTH FRONT AND BACK OF THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CAVERN CITY CHILD ADVOCACY CENTER AND I SIGN IT OF MY OWN FREE WILL.

Print Name _____ Relationship _____

Signature _____ Date _____