

**RACE EVENT
VOLUNTEER'S ACKNOWLEDGEMENT AND RELEASE OF LIABILITY**

***This form should be turned in on Race Day at the Volunteer Check-in Tent.
Must be over the age of 18 to sign, if not for must be signed by a legal guardian***

Name of Program or Event :Race Against Cancer

Type of Activity: 5K Walk/Run

From: 11/6/22 - To: 11/6/22

Brief description of event:

Road race beginning on the Clinch Avenue viaduct proceeding through downtown Knoxville, Tennessee ending at the World's Fair Park. Event includes various activities including the 5K walk/run and a one-mile Walk In the Park, entertainment, food and awards program.

- In consideration of the foregoing I, the undersigned, intending to be legally bound, hereby for myself, my heirs, executors, and administrators, forever waive, release and discharge any and all rights and claims for damages and causes of suit or action known or unknown, that we may have against Thompson Cancer Survival Center, its parent company Covenant Health, Total Race Solutions, Inc., the City of Knoxville, Knox County, and all other political entities, all independent contracts& construction firms working on or near the course, all event officials and volunteers, and all sponsors of the race, and related race events and their officers, directors, employees, agents, and representatives, successors, and assigns, for any and all injuries that may be suffered by me in this event.
- I acknowledge that I am aware of the inherent risks and precautions that must be taken when in participating in an athletic event of this type in warm or cold conditions. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event and my physician condition has been verified by a licensed medical doctor. I also agree to abide by any decision of an appointed medical official relative to my ability to safely continue or complete the run.
- I further assume and will pay my own medical and emergency expenses in the event of an accident, illness or other incapacity regardless of whether I have authorized such expenses.
- I understand that the entry fee is non-refundable and the entry numbers are non-transferable. The race director reserves the right to reject an entry or to issue invitations and that the event may be cancelled due to severe weather conditions, natural disasters, or threats to local and national security including suspected terrorist activity.
- I give my permission to the Thompson Cancer Survival Center and its affiliates, to use any photographs, videotapes, or other recordings of me that are made during the course of this event for any legitimate purpose at any time.
- I agree that the laws of the state of Tennessee apply to this contract and waiver and that the only proper venue for any legal action is Knox County, Tennessee.
- I certify that I am at least 18 years of age, that this is my legal signature, and that I have read this waiver carefully and understand it.

I hereby state that I have read and understood the above stated information.

Volunteer's Name (Printed)

Volunteer's Signature

Signature of Parent /Guardian
(If under 18 years of age)

Date Signed

I have volunteered at this event for _____# of years