

**Mad Run & Mad Strong**  
**VOLUNTEER LIABILITY WAIVER**

I/my minor child, \_\_\_\_\_, wish/es to volunteer at the MAD RUN &/or MAD STRONG to be held at Fort Recovery Ambassador Park in Fort Recovery, Ohio on May 17, 2014.

I am aware that volunteering in the activity is potentially hazardous and entails a risk of physical injury. I understand and agree that I/my child am/is electing to participate at my/his/her own risk. I am not aware of any physical or medical condition that would interfere with my/my child's ability to participate.

IN CONSIDERATION OF MY/MY CHILD BEING PERMITTED TO VOLUNTEER IN THE ACTIVITY DATED MAY 17, 2014 AS WELL AS THE DATES PRECEEDING AND FOLLOWING THE EVENT FOR SET-UP, DURING AND TEAR DOWN OF THE EVENT, I HEREBY RELEASE AND DISCHARGE THE CANCER ASSOCIATION OF MERCER COUNTY, THE FT. RECOVERY AMBASSADOR PARK, THE FT. RECOVERY AMBASSADORS, ANY AND ALL SURROUNDING PROPERTIES AND THEIR OWNERS, ALL SPONSORS, PROMOTERS, AND DBA GOOD TIMES EVENT SERVICES AND ALL OF THEIR OWNERS, EMPLOYEES, VOLUNTEERS, OFFICERS, AND AGENTS ("RELEASEES") FROM ANY AND ALL CLAIMS FOR PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE ARISING FROM OR IN ANY WAY CONNECTED WITH MY PARTICIPATION IN THE ACTIVITY, EXCEPT WHERE THE SAME IS CAUSED BY THE WILLFUL MISCONDUCT OR GROSS NEGLIGENCE OF THE RELEASEES.

*For parents/guardians of minor volunteers only:* As the minor's parent/guardian, I hereby consent to his/her participation in the Activity. If my child is injured or becomes ill and neither I nor the other parent/guardian can be reached at the numbers below, I give the MAD RUN permission to seek medical attention for my child.

BY SIGNING THIS WAIVER, I AFFIRM THAT I HAVE READ AND UNDERSTAND IT AND AGREE WITH ITS CONTENTS.

\_\_\_\_\_  
Signature of Volunteer or, if Volunteer is a minor,  
the Volunteer's Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Volunteer or Volunteer's Parent/Guardian

I understand that I/my child may be photographed during the course of the Activity. I grant full and unlimited permission to the MAD RUN and their agents and affiliates to use my/my child's name, photographs or any other record of participation in this Activity in any broadcast, telecast or other account of the Activity for publicity purposes, without compensation, by placing my initials here. \_\_\_\_\_

**EMERGENCY INFORMATION**  
**(to be provided for all VOLUNTEERS)**

Please indicate who we should contact in the event of an emergency:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_