

Authentic Asheville LLC Running Club Waiver

Authentic Asheville LLC asks that all participants read and sign this agreement prior to participation in any/all events.

I want to participate in activities sponsored by Authentic Asheville LLC.

Assumption of Risk:

I recognize that there are risks I may be exposed to if I participate in an Authentic Asheville LLC-sponsored activity.

1. I acknowledge the health risks inherent in a vigorous sports activity like running, racing, jogging, and walking. I know that running whether in a race or training, on a track, trail, sidewalk or other surface is a potentially hazardous activity, which could cause injury or death. I will not participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this activity, am in good health, and I am properly trained. I agree to abide by any decision of any group-run organizer, race official, volunteer, or organizer relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever.
2. I acknowledge the safety risks of participating in locations not controlled by Authentic Asheville LLC. I assume all risks associated with running in this event, including but not limited to: falls, physical contact with other participants, volunteers, race personnel, contract service providers, employees, and spectators including the potential contraction of a communicable disease resulting from contact with other participants, volunteers, race personnel, contract service providers, employees, and spectators. I assume all risks including but not limited to the effects of the weather; high heat and/or humidity; freezing cold temperatures; ice; traffic and the conditions of the road including surrounding terrain.
3. I acknowledge the risks related to COVID-19 exposure. Authentic Asheville LLC will not conduct vaccination screenings or require masks to attend its events. I further agree to abide by the Center for Disease Control's (CDC) recommendations for the prevention of the spread of the 2019 Novel Coronavirus Disease (COVID-19) and other communicable diseases, and I attest to having read the CDC's guidance at: <https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html> I assume all such risks being known, appreciated, and accepted by me.
4. I acknowledge the risks that may come from interactions with community members not employed, trained, or screened by Authentic Asheville LLC. Despite these risks, I still wish to participate in this Authentic Asheville LLC-sponsored activity.

Hold Harmless:

5. I agree to hold Authentic Asheville LLC harmless and its members, agents, volunteers, partners, individuals, etc. for harm caused by the negligence of Authentic Asheville LLC or its agents. I understand that bicycles, skateboards, baby joggers/strollers, roller skates or inline skates, animals, and personal music players either with or without headphones are not allowed in these events and I will abide by all group rules. Having read this waiver and knowing these facts and in consideration of your accepting my presence in the group, I, for myself and anyone entitled to act on my behalf, waive and release Authentic Asheville LLC, all event and group sponsors, members, their representatives, and successors from all claims or liabilities of any kind arising out of my participation in this group, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Photography:

I understand that Authentic Asheville LLC may use my photograph and/or video for various purposes including social media. I understand that Authentic Asheville LLC will use these photographs and/or videos without advance notice or compensation.

If minor is the participant, legal guardian is to sign below.

I am the parent or legal guardian of the above-mentioned minor and have the legal right and authority to execute the above release on behalf of the minor.

Name of Minor: _____

Parent Name: _____ **Signed:** _____ **Date:** _____