SAMPLE WAIVER

**This is only a sample waiver, and it is always recommended that you consult with your organization's Legal Council, private attorney, or risk professional to ensure you include all pertinent information applicable to your event.*

PARTICIPATION WAIVER AND RELEASE OF LIABILITY
Insert Event Type Here*:* _____
(i.e. Road Race, Walk-a-Thon, other athletic or recreation event)
Event Name: _____
Event Date: _____
Event Location: _____
Hosting Organization: _____
Please read this document carefully before signing. By signing this waiver, you acknowledge that you understand and agree to its terms.

PARTICIPANT INFORMATION
Participant Name: _____
Address: _____
Phone Number: _____
Email Address: _____
Emergency Contact Name & Phone: _____

ASSUMPTION OF RISK
I understand that participation in (*Indicate event type, i.e. road race, walk-a-thon, or other athletic or recreational event*) involves inherent risks, including but not limited to falls, contact with other participants, effects of weather, traffic conditions, uneven terrain, physical exertion, illness, and other hazards that may result in serious personal injury, illness, disability, or death.
I certify that I am physically fit and sufficiently trained to participate in this event and have not been advised otherwise by a qualified medical professional.
I knowingly and voluntarily assume all risks associated with participation in the event, whether known or unknown.

RELEASE AND WAIVER OF LIABILITY
In consideration of being permitted to participate in this event, I, on behalf of myself, my heirs, executors, administrators, assigns, and personal representatives, hereby fully release, waive, discharge, and covenant not to sue:

- The State of Rhode Island;
- The Rhode Island Department of Environmental Management;
- The Hosting Organization identified above;
- Any event sponsors, volunteers, officials, employees, agents, contractors, affiliates, or representatives associated with the event; and
- Any municipalities, agencies, or property owners connected with the event;

from any and all claims, liabilities, demands, actions, causes of action, damages, losses, costs, or expenses of any kind arising out of or related to participation in the event, including those arising from negligence to the fullest extent permitted by law.

MEDICAL AUTHORIZATION

I authorize event organizers and emergency medical personnel to obtain or provide medical treatment deemed necessary for any injury, illness, or medical condition arising during my participation in the event. I understand that I am solely responsible for any medical costs incurred.

PHOTO AND MEDIA RELEASE

I grant permission to the event organizers, the Hosting Organization, the State of Rhode Island, and the Rhode Island Department of Environmental Management to use photographs, video recordings, or other media taken during the event that may include my likeness for promotional, educational, or informational purposes without compensation.

MINOR PARTICIPANTS

If the participant is under 18 years of age, a parent or legal guardian must sign below and agree to all terms of this waiver on behalf of the minor participant.

ACKNOWLEDGMENT

I have carefully read this Waiver and Release of Liability, fully understand its contents, and sign it voluntarily. I understand that by signing this document, I may be waiving substantial legal rights.

PARTICIPANT SIGNATURE

Signature: _____

Printed Name: _____

Date: _____

PARENT / GUARDIAN SIGNATURE (if participant is under 18)

Signature: _____

Printed Name: _____

Relationship to Minor: _____

Date: _____