

# MOUNTIE PRIDE FUN RUN

**5K RUN | 1Mi. WALK**

**SUNDAY SEPTEMBER 25 2016**

**WOODMAN FIELD ESSEX AVENUE MONTCLAIR**

All participants in the Mountie Pride Fun Run must sign this form and, if under 18, have it signed by their parent or legal guardian.

Completed forms may be mailed, faxed, or brought to the race at time of registration.

Mail to: MFEE  
Att: Fun Run  
100 Chestnut Street  
Montclair, NJ 07042

Fax: 973-509-4098

You may also scan your signed waiver and email it to [montclairfund@gmail.com](mailto:montclairfund@gmail.com).

If you have any questions, please contact the Montclair Fund for Educational Excellence (MFEE ) at [montclairfund@gmail.com](mailto:montclairfund@gmail.com) or 973-509-4021.

# WAIVER

## Release / Covenant Not to Sue and Indemnity Agreement

I understand and accept that there are risks involved in participating in any recreational activity. I am aware of those risks, and I am voluntarily participating in this activity with knowledge of the risks involved. I agree to accept any and all such risks of injury, death and/or property damage. I agree to the terms of this waiver, release, covenant not to sue and indemnity agreement as set forth herein. In case of injury or illness, I give my consent to emergency transportation and the administration of first aid, medical and/or dental treatment. I accept responsibility for the payment of any emergency transportation, treatment expenses and any related or subsequent medical and/or dental bills. I acknowledge that the Montclair Public Schools and the Montclair Fund for Educational Excellence, Inc. and those involved have not purchased and do not provide any medical or accident insurance to cover such expenses. Any such insurance is my responsibility. I waive, release, absolve, indemnify, and agree to hold harmless all parties above mentioned against any and all causes of action, claims demands, losses, expenses, ability.

During the duration of the Mountie Pride Fun Run, there will be available to you: water along the route and first aid provider at registration site.

- I hereby consent to the use of my (my child's) name, picture, portrait, likeness, in any media for editorial, educational, promotional, and advertising purposes, for the solicitation of contributions, and for any other purpose in furtherance of the mission of the Montclair Fund for Educational Excellence.

*I have fully read this document, understand its meaning and legal impact thereof. I voluntarily, of my own free will and without duress and coercion sign this waiver, release, covenant not to sue and indemnity agreement.*

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Participant Name (Please Print)

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Participant Signature

Date

Additional signature of parent/guardian is required if participant is under the age of 18:

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Parent/Guardian (Please Print)

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Parent/Guardian Signature

Date