

“TUG ACROSS THE ROCK” PARTICIPANT WAIVER
Saturday, June 15, 2019
Oregon, Illinois



Assumption of Risks and Liability Waiver Agreement: I know that participating in this activity requires a certain level of strength and stamina and I should not participate in these events unless I am medically able. I hereby represent that I am in good health and in proper physical condition and that I am not under the influence of alcohol or any illicit or prescription drugs which would in any way impair my ability to safely participate in the **TUG ACROSS THE ROCK COMPETITION**. I acknowledge and agree that my participation in the **TUG ACROSS THE ROCK Competition** is of my own volition and that I am participating in the event willingly. I agree to abide by all rules and instructions given to me in connection with the event, participate in a safe and reasonable manner, and abide by any decision of event officials relative to my ability to safely compete in this event.

As a participant in this event, I expect to take part in physical activity which may create foreseeable or inherent risks of injury to my person and/or personal property. I assume all risks that may cause bodily injury or loss and personal property damage or loss that may arise during and/or as a result of participation in this event, including, but not limited to, falls, terrain, equipment, weather conditions, lack of hydration, and contact with other participants, all such risks being known and appreciated by me.

Having read this agreement and knowing these facts, in consideration for my ability to participate in the event, I, for myself and anyone entitled to act on my behalf, waive and release the Rockin' River Fest, Oregon Chamber of Commerce, Oregon Together, City of Oregon and all event partners, sponsors and volunteers, and their representatives, officers, employees, agents and successors from all claims or liabilities of any kind arising out of participation in the race even though the liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

In the event that I should need medical treatment for any issue arising from participation in this event, I will assume all costs of the necessary treatment and hereby consent to receive medical treatment that may be deemed advisable in the event of an injury, accident and/or illness during my participation. In the event of an emergency please contact the following persons in the order presented:

Emergency Contact	Contact's Relationship	Phone Number
1. _____	_____	_____
2. _____	_____	_____

Further, I grant permission to all of the foregoing to use any photographs, motion pictures or any other record of this event for any legitimate purpose without compensation to me.

I represent and warrant that:

- I am at least 18 years of age and am free to enter into this agreement.
- I am under 18 years of age. Parent or guardian's signature also required below.

I acknowledge that I have read this agreement and understand its meaning and effect. Terms of agreement accepted by or on behalf of:

 Printed Name of Participant

 Signature of Participant

 Date

 Signature of Parent/Guardian if Under Age 18