

WAIVER FOR PARENTS

CHOOSE EVENT: Princess Place Deer:March 22nd	Mala Compra Hare: April 19th	Graham Swamp Boar: May 31st
	Maia Compra Hare. April 17th	Granam Swamp Boar. May 513t
Child's name	Child's Age	
Parents name(print)	Phone	
WAIVER OF LIABILITY: Parents runn	ning with their kids in the 2025	Where the Wild Ones Run Series
RELEASE and HOLD HARMLESS Elevat Elevate Event Company, LLC and Flag suits, losses, damages, judgments, clai	te Event Company, LLC and the Off ler County, from and against any a lms, claims of liabilities, cost and ex opeal, of whatsoever kind or natur h, personal injury or damage to pro	he Wild Ones Run series. I hereby agree to ficers, Directors, Agents and Employees of and all rights, actions, causes of actions, expenses of any kind as well as attorney's re, to which Elevate Event Company may operty arising in any manner from my
OR DIE AS A RESULT OF PARTICIPATION ELEVATE EVENT COMPANY FROM ALL binding upon my heirs, my personal results of Florida. I have executed this consequences of my signing and exect kind or nature. In consideration of you hereby waive or release any and all right Director, Eventbrite, Flagler County, a representatives and employees for an	SE OF A TEMPORARY OR PERMAN IG IN THIS ACTIVITY, REGARDLESS. LIABILITY WHILE PARTICIPATING IN epresentatives, assigns and me an Hold Harmless and Release with fu- uting the same. I do so freely and a accepting this entry, I, the participal ght and claims for damages or inju- and all of their agents assisting with and all injuries to me or my persone before, during or after the eve-	NENT NATURE WHILE PARTICIPATING IN, OF THE CAUSE. I HEREBY RELEASE ITHIS ACTIVITY. This agreement shall be ad shall be governed by the laws of the all knowledge of its terms and the voluntarily without compulsion of any pant, intending to be legally bound and aries that I may have against the Event the event, sponsors and their sonal property. This release includes all ent. I recognize, intend and understand that
trained for the completion of this even	nt and that my physical condition l knowledge (or a parent or adult gu	ce that I am physically fit and sufficiently has been verified by a licensed Medical uardian for all children under 18 years)

Date

Signature