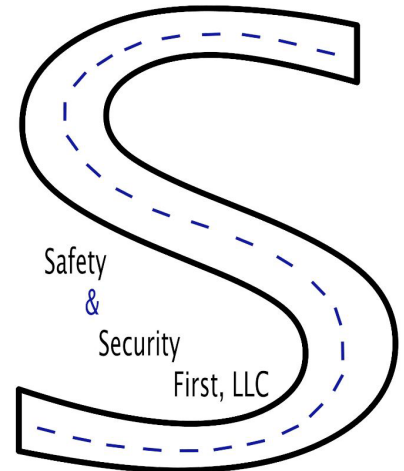


Paul Hoover Memorial

Freedom Run 5K and Extra Mile Run/Walk

Wakulla Springs State Park

Date: June 22, 2024
Time: 5K 8:00 a.m.
Extra Mile 8:45 a.m.



Advance Fees-Online Registration Available Thru 8:00 pm, June 21, 2024

Extra Mile – No registration needed	Free	
5K (18 & under) with Beach Towel	\$20	Without Towel \$10
5K (Over 18) w/ Beach Towel (limit 50)	\$20	Without Towel \$15

2023 CORPORATE SPONSOR

Race Day Registration: (No Towel)

Extra Mile	Free
5K Freedom Run	\$20

Awards for:	Extra Mile	Top 3 Male and Female (6 & under, 7-12 y.o.)
	5K	Overall, Master, Grand Master, Senior Grand Master, and Age Group (3 deep)

Name: _____
Address: _____
City/State/ZIP: _____ **Phone:** _____
Email: _____ **Age on Race Day** _____

Male Female

Make Checks Payable to: **Wakulla High School Cross Country - 151 Suzanne Street, Crawfordville, FL 32327**

ONLINE REGISTRATION: <https://paulhooverfreedomrun2024.eventbrite.com>

THIS IS A TWO-PART WAIVER FOR PARTICIPANTS IN THE 2024 PAUL HOOVER MEMORIAL FREEDOM RUN 5K AND EXTRA MILE RUN/WALK.

PART 1 IS THE GENERAL WAIVER FOR THE RACE. PART 2 IS THE COVID-19 WAIVER (Read Both Parts Carefully Before Signing)

PART 1

I know that running or volunteering in a road race is a potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained. By my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I agree to abide by any decision of a race official 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. I attest that I have read the rules of the race and agree to abide by them. I assume all risks associated with running in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers, roller skates or roller blades, animals, and personal music players are not allowed in the race and I will abide by all race rules. Having read this waiver and knowing these facts and in consideration of your accepting my

entry, I, for myself and anyone entitled to act on my behalf, waive and release the Wakulla High School Cross Country Boosters, Wakulla Springs State Park, and the Road Runners Club of America, all event sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

PART 2 - COVID-19 - INFORMED CONSENT AND WAIVER OF LIABILITY

The novel coronavirus, Coronavirus/COVID-19, has been declared a worldwide pandemic by the World Health Organization. Coronavirus/COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. Federal authorities and the State of Florida recommend social distancing to prevent the spread of Coronavirus/COVID-19. Contracting Coronavirus/COVID-19 can lead to severe illness, personal injury, permanent disability, and death. **2024 PAUL HOOVER MEMORIAL FREEDOM RUN 5K AND EXTRA MILE RUN/WALK** organizers have taken recognized efforts and preventative measures, including adherence to RRCA racing guidelines, to reduce the spread of Coronavirus/COVID-19; however neither the organizers of **2024 PAUL HOOVER MEMORIAL FREEDOM RUN 5K AND EXTRA MILE RUN/WALK**, nor the members of Wakulla High School Cross Country Boosters can guarantee that you or your minor child(ren) will be 100% safe from airborne illnesses such as Coronavirus/COVID-19 or colds and flu while participating in the **2024 PAUL HOOVER MEMORIAL FREEDOM RUN 5K AND EXTRA MILE RUN/WALK**.

By signing this agreement, either in writing or electronically, including email confirmation of consent, I acknowledge the contagious nature of Coronavirus/COVID-19 and voluntarily assume the risk that my minor child(ren) and I may be exposed to, or infected by COVID-19 while participating in the **2024 PAUL HOOVER MEMORIAL FREEDOM RUN 5K AND EXTRA MILE RUN/WALK**, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by Coronavirus/COVID-19 while participating in the **2024 PAUL HOOVER MEMORIAL FREEDOM RUN 5K AND EXTRA MILE RUN/WALK** may result from the actions, omissions, or negligence of myself and others, including, but not limited to, the Wakulla High School Cross Country Boosters, volunteers, race participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my minor child(ren) or myself including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense, of any kind, that I or my minor child(ren) may experience or incur in connection with participation in the **2024 PAUL HOOVER MEMORIAL FREEDOM RUN 5K AND EXTRA MILE RUN/WALK**. On my behalf, and on behalf of my minor child(ren)s, I hereby release, covenant not to sue, discharge, and hold harmless: the Wakulla High School Cross Country Boosters and Wakulla Springs State Park ("releasees"), and each of these entities' officers, employees, agents, and representatives, of and from any and all Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of any of the aforementioned releasees, whether a Coronavirus/COVID-19 infection occurs before, during, or after participation in the **2024 PAUL HOOVER MEMORIAL FREEDOM RUN 5K AND EXTRA MILE RUN/WALK**.

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.

By indicating my consent via email confirmation or signing below I certify that: (1) I am the Parent/Guardian of the Child participant(s) listed on this document (including email) or I am an adult participant over 18 years of age; (2) I have fully read and understand the above terms and conditions and they apply to Child participant(s) and myself; (3) I understand that I am waiving important legal rights to recover damages for injury and/or property damage; (4) I agree I have been encouraged to seek the advice of my own attorney prior to signing this agreement; (5) I have read and voluntarily signed this agreement; and (6) no oral representations, statements or inducements apart from the foregoing written agreement have been made.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE **2024 PAUL HOOVER MEMORIAL FREEDOM RUN 5K AND EXTRA MILE RUN/WALK** USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM, YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE ABOVE NAMED RELEASEES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE **2024 PAUL HOOVER MEMORIAL FREEDOM RUN 5K AND EXTRA MILE RUN/WALK** HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Participant/Parent (If Minor) Signature: _____

Date: _____