



P.O. Box 105  
 Glenolden, PA, 19036  
 800-606-2682  
 www.cmtausa.org

## PARTICIPANT WAIVER AND RELEASE OF LIABILITY

I know that running/walking/cycling a road race is a potentially hazardous activity. I should not enter and run/walk/cycle unless I am medically able. By signing below I am affirmatively representing that I am in good physical condition, capable of entering and running this race, and that I am not aware of any medical or health condition, or of any physical defect that would cause me to be unable to run/walk said race, or that would otherwise result in injury to myself or others or aggravate any medical, health or physical condition.

I assume all risks associated with running/walking/cycling this event including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, or extreme cold; all such risks being known or of which I am aware and which are understood by me. I hereby further understand that and knowingly undertake the risks inherent in the conditions of the road and traffic on or near the course.

Having read this waiver and knowing these facts, and in consideration of my entry to participate in the Walk 4 CMT or Cycle 4 CMT being accepted, I, for myself and anyone entitled to act on my behalf, waive and release the Charcot-Marie-Tooth Association and all other sponsors, their representatives and successors or assigns from all claims or liabilities of any kind arising out of my participation in this event.

Additionally, I hereby give my permission to the event organizers and sponsors to use my name and/or picture in any publication, broadcast, telecast or other account of this event without limitation or obligation of further compensation thereof. By signing this waiver and release I am signifying that I fully understand its significance.

**Signature:** \_\_\_\_\_  
*(Signature of parent or guardian if entrant is under 18 years of age)*

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_