

**RELEASE AND INDEMNIFICATION AGREEMENT (OVER 18)**

I understand that participating in this event is potentially hazardous, and that I should not enter and participate unless I am medically able and properly trained. In consideration of the acceptance of this entry, I assume full and complete responsibility for any injury or accident, which may occur while I am traveling to or from the event, or while I am on the premises of the event. I also am aware of and assume all risks associated with participating in this event, including but not limited to falls, contact with other participants, effect of weather, traffic, and conditions of the trail/ road. I , for myself and my heirs and executors hereby waive, release and forever discharge **McNAIRY COUNTY CHAMBER OF COMMERCE, Mc NAIRY COUNTY ECONOMIC DEVELOPMENT COMMISSION, McNAIRY COUNTY TOURISM, BIG HILL POND STATE PARK, AND STATE OF TENNESSEE** , their administrators, officials, employees and agents, their successors and assigns, from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever, arising out of or related to any loss, damage or injury, including death, caused by, or resulting from, my/ our participation in the Big Hill Trail Run, and/or the participation in the Big Hill Trail Run. I understand that this waiver includes any claims whether caused by negligence, the action or inaction of any of the above parties, or otherwise. I understand that the entry fee is non- refundable and non- transferrable and the event will take place rain or shine. I hereby grant full permission to any and all of the above parties to use any photographs, videotapes, motion pictures, website images, recordings or any other record of this event. By signing this form, I agree that I have read, understand, and agree to the above waiver.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RELEASE AND INDEMNIFICATION AGREEMENT ( UNDER 18)**

I/ We, the undersigned, do(es) hereby release and forever discharge **McNAIRY COUNTY CHAMBER OF COMMERCE, McNAIRY COUNTY ECONOMIC DEVELOPMENT COMMISSION, McNAIRY COUNTY TOURISM, BIG HILL POND STATE PARK, AND STATE OF TENNESSEE**, their administrators, officials, employees and agents, their successors and assigns, from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever, arising out of or related to any loss, damage or injury, including death, caused by, or resulting from, my/ our participation in the Big Hill Trail Run, and/or the participation in the Big Hill Trail Run by my/ our minor child(ren).

I/We understand that participating in this event is potentially hazardous, and assume the risks of my/our participation and/or the participation of my/our minor child(ren).

Furthermore, the undersigned hereby agree(s) to indemnify and forever hold harmless **McNAIRY COUNTY CHAMBER OF COMMERCE, McNAIRY COUNTY ECONOMIC DEVELOPMENT COMMISSION, McNAIRY COUNTY TOURISM, BIG HILL POND STATE PARK, AND STATE OF TENNESSEE**, their administrators, officials, employees and agents, their successors and assigns, and all other persons, firms, or corporations liable, or who might claim to be liable, against loss from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever, arising out of or related to any loss, damage or injury, including death, resulting from my/ our minor child(ren)'s participation in the Big Hill Trail Run.

I/We understand that the entry fee is non-refundable and non-transferable. I/We also understand that the event will take place rain or shine.

I/We hereby grant full permission to any and all of the above named released parties to use any photographs, videotapes, motion pictures, website images, recordings or other record of this event, which depict my/our participation or that of my/our minor child(ren) and to use same for any legitimate purpose, including advertising and promotion.

The undersigned hereby declare(s) that the terms of this Release and Indemnification Agreement have been completely read, are fully understood and are voluntarily accepted.

**Both Parents or Legal Guardians Must Sign Waiver Form**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_