

2083
(770) 920-



DOUGLASVILLE POLICE DEPARTMENT

FAIRBURN RD
DOUGLASVILLE, GA 30135
3010 PHN • (678) 293-1600 FAX
www.douglasvillega.gov



GARY SPARKS
CHIEF OF POLICE

SUE ANNE SHAW
DEPUTY POLICE CHIEF

6K Run Event Waiver and Release

Each runner must sign this form before the runner begins the run. No runner may participate without a completed form.

I wish to participate in the City of Douglasville Police Department's Community 6K Run. In signing this release, I acknowledge that I understand its intent, and I for myself, my heirs, executors, administrators and representatives, do hereby agree and will absolve and hold harmless the City of Douglasville, the event sponsors, cooperating organizations, the Georgia Interlocal Risk Management Agency, their agents, insurers and employees and any other parties connected with this event in anyway together with their respective successors and assigns, singularly and collectively, from and against any blame and liability for any injury, harm, loss, death, inconvenience or any other damage of any kind whatsoever, which may result from or be connected in any way to my participation in the Community Run Event.

I understand there are risks inherent with running on public streets and highways where many hazards exist. I also understand that there will be a large number of runners, some of whom are inexperienced, creating further hazards. I am voluntarily participating in this event with knowledge of the hazards involved and accept all risks of injury, inconvenience, harm, loss or death.

I am physically capable of participating in the event and the equipment I will use will be in proper working condition. I acknowledge that I and I alone, am solely responsible for my personal health and safety, and the personal property I bring with me. I agree to adhere to all event rules and laws of the State of Georgia and conduct myself in a safe and prudent manner while participating in the event.

I consent to and permit emergency medical treatment in the event of illness or injury, including transportation to a medical facility, and will be responsible for all related costs.

I give the City of Douglasville and the Run Event Sponsors permission to use my name and any photograph, voice or likeness of me during the event in any promotional materials or publications. I consent to, authorize in advance such use, and waive my rights of privacy in connection therewith. I acknowledge that I have been advised to keep my medical information and insurance cards on my person during the event. I am at least eighteen years of age.

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This is an important legal document. Read it carefully before signing below.

Please initial after each statement. *(please initial)*

I have reviewed the event safety information and will follow the rules of the event *(please initial)*

If I decide to leave the route, I am technically off the run for that day and on my own in regard to support and safety *(please initial)*

I will not drink alcohol or take drugs that could impair my ability to run safely *(please initial)*

I will run on the right side of the lane to the extent possible. *(please initial)*

I have read this waiver and release and understand its significance.

Runner's signature _____ Date _____

Runner's name _____ (please print)

Age _____ Date of Birth _____ Contact # _____

Emergency Contact

Name _____ Relationship _____

Contact # during the event _____