

**EVERHART PRIMARY HEALTH CARE (EPHC)
ASSUMPTION OF RISK, RELEASE AND WAIVER FORM
EPHC FUNDS Day & Walk/Run Event**

Check one: 5k Walk/Run Participant Volunteer

Age Division: *17 & under 18-29 30-39 40-49 50-59 60+

Gender: Male Female

I am aware that participating or volunteering in the **Walk/Run** can be a dangerous activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risk of participating/volunteering in the above event include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, aggravation of underlying diseases which could result in illness such as a heart attack or stroke, and serious injury or impairment to other aspects of my body, general health and wellbeing. I understand that the dangers and risk of participating/volunteering in the above event may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy living.

Because of the dangers of participating/volunteering in the above event, I recognize the importance of following rules and regulations established by Everhart Primary Health Care and agree to obey such instructions. I acknowledge that I am in good physical condition and do not know of any condition or reason that I should not be able to participate/volunteer in the Walk/Run and all related events. I recognize and acknowledge that Everhart Primary Health Care does NOT carry special health insurance that would provide such special insurance coverage for me in the event I should sustain an accidental injury while participating/volunteering in the **Walk/Run** and all related activities.

I understand the risks involved in this activity and I am voluntarily participating in the **Walk/Run**. By my signature below, I hereby recognize and **assume all risks** associated with the **Walk/Run**, **waive any claim** that I might have arising out of this activity, and agree to release and hold harmless Everhart Primary Health Care its employees, agents, representatives, and volunteers harmless from any and all obligations, liabilities, claims, demands, costs, and expenses, including attorney's fees, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the event of the **Walk/Run**. The terms hereof serve forever as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

I further grant my permission to use any photographs, videotape, motion pictures, recordings or any other record of this event.

The invalidity of any portion of this Agreement shall not affect the remaining portions.

In signing this Waiver, I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from this Waiver have been made.

_____ Date _____
(print name)

_____ (Signature) _____ (Address)

*If under 18 years of age, Signature of parent or legal guardian _____

IT IS STRONGLY RECOMMENDED THAT EACH PARTICIPANT OR VOLUNTEER IN THIS PROGRAM PURCHASE INSURANCE WHICH COVERS ACCIDENTS, WHICH MAY OCCUR DURING PARTICIPATION IN ACTIVITIES.

Questions: Please contact EPHC at 276-755-2203

Everhart Primary Health care serves all people regardless of race, color, age, sex, religion, disability, or national origin.

MANAGEMENT OF STABLE CHRONIC ILLNESS • TREATMENT OF ACUTE MINOR ILLNESS • WELLNESS EXAMINATIONS/PHYSICALS • HEALTH EDUCATION • HEALTH PROMOTION • DISEASE PREVENTION
