



Roster/Waiver

Team Name: _____ **Start:** _____ **Bib:** _____

List runners in order and submit this form at the Start with signatures. Competitive teams must run in order. Competitive Submasters and Masters teams must submit a copy of each runner's driver license. Parents must sign for runners under age 18.

Waiver: In consideration of my participation in The Relay, I the undersigned, for myself, my heirs, executors, administrators and assigns, forever waive, release, and give up any and all claims, demands, liability, damages, costs and expenses of any kind whatsoever for death, personal injury or loss of property against The Relay, Organs 'R' Us, California Highway Patrol and Department of Transportation, Golden Gate Bridge Highway and Transportation District, National Park Service GGNRA, Presidio Trust, Santa Cruz, all cities, counties, parks, sponsors and entities listed at TheRelay.com, OrgansRUs.org or in The Relay Racebook and all of the above officers, shareholders, directors, employees, representatives, agents, contractors, subcontractors, sponsors and volunteers, which may arise from my participation in The Relay or while traveling to or from the event. This release is valid even if such damages, injuries or loss should be caused in part by the negligence or other fault of the parties or persons I am hereby releasing by dangerous or defective condition of any property or equipment owned, maintained or controlled by them and/or because of their liability without fault. I fully understand I am forever giving up in advance any right to sue or make claims against the parties I am releasing if I suffer injuries and damages even though I do not know specifically what the nature and extent of those injuries and damages might be and I am voluntarily assuming the risk of such injuries and damages. I understand that there are no road closures or aid stations. I will assume my own medical and emergency expenses in the event of an accident or other incapacity or injury resulting from or occurring during my participation. I grant full permission to The Relay to obtain photographs, motion pictures, video recordings or any other record of the event and to use them for any purpose whatsoever. I understand and voluntarily accept everything written above.

RUNNER	Print Name	Signature (of parent if under age 18)	Date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

VOLUNTEER	Print Name	Signature (of parent if under age 18)	Date
1			
2			