



AMAZING RACE

RICHLAND - WILKIN KINSHIP EDITION

509 1/2 Dakota Ave, Suite 104, Wahpeton, ND 58075

www.rwkinship.org
701-672-0303

Accident Waiver and Release of Liability Image Release Consent

Team Name: _____

Participants Name: _____ **Date of Birth:** _____

Parent/Guardian Name: _____

I acknowledge that Richland-Wilkin Kinship's Amazing Race can test a person physically and mentally and carries with it the potential for death, injury, and property loss. The risks include but are not limited to those caused by terrain, facilities, temperature, weather, physical conditions of participants, volunteers, spectators, event officials, and event monitors and or producers of the event, or lack of hydration. I hereby assume all risks of participating in the event.

I certify that I (or my child) am/is physically fit for the event and have not been advised otherwise by a medical person. I hereby consent to receive medical treatment such may be deemed advisable in the event of injury, accident and/or illness during the event.

I understand that during this event I (or my child) may be photographed or filmed by Kinship staff or a third party. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose such as marketing and promotions of Kinship or the event sponsors to be used in print, on social media, or internet.

This Accident Waiver and Release of Liability shall be constructed broadly to provide release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read and understand its contents.

Print Name:

Signed:

Date:

**Parent/Guardian Must Signed if Participant is Under 18 Years Old*