

Wooster Grace Brethren Church
4599 A Burbank Road Wooster, OH 44691

Release of Wooster Grace Brethren Church of liability for injuries to participant and agreement that health care insurance of participant shall be primarily responsible for medical bills.

I _____ residing at (address) _____
_____ state that it is my desire to participate in the training for an endurance event by running or walking as part of Team Hope.

In the event of injury to myself, I agree that I and / or my health care insurer shall be financially responsible for any medical treatment required as a result of any injury suffered during my participation in the above mentioned or related activities.

I am aware that running and walking a road race can potentially be a hazardous activity. I have been made aware that I should not enter unless I am medically able and properly trained. I have considered the risks and I still wish to participate. Furthermore, I agree not to bring legal action against the Wooster Grace Brethren Church or any of the training team members as a result of any injuries suffered in the course of my participation in this activity.

In the event a dispute arises between myself and the Wooster Grace Brethren Church concerning injuries to me, then I agree that the dispute shall be resolved by a Christian Arbitrator acceptable to both sides. The cost of the Arbitrator is to be shared equally by the parties. All applicant statues of limitation shall apply and arbitration must be requested within the appropriate period in order to preserve a right to recovery.

Name (Print): _____

Signature: _____

Phone Number: _____

Date: _____

Release of Liability Form