



## Widow's Hug Run 5K Participant Waiver of Liability

In consideration of the acceptance of my entry into the Widow's Hug Run, I, hereby, for myself, spouse, heirs, legal representatives, assigns, officials and members expressly release, waive, discharge, and covenant not to sue the event organizers, My Beloved Widows, Inc., the City of St. Cloud, FL, its councilpersons, agents or employees, all sponsors, vendors and volunteers for any loss or damage and claims for damages thereof on account of injury to persons or property or loss of life as a result of my participation in the Widow's Hug Run.

I agree to indemnify and hold harmless event organizers, My Beloved Widows, Inc., and the City of St. Cloud, FL, its councilpersons, agents or employees, all sponsors, vendors and volunteers for any loss, liability, damage or cost, of any kind, including attorney fees that may be incurred resulting from any claim or cause of action, either actual or threatened, related in any manner from my participation in the Widow's Hug Run.

I agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida and that if any portion of the agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Photographic Release:** Participant does hereby grant and convey unto My Beloved Widows, Inc. and City of St. Cloud all rights, title, and interest in any and all photographic images and video or audio recordings made by My Beloved Widow, Inc. and City of St. Cloud during the Participant's Activities with the Widow's Hug Run, including.

I further state that I have carefully read the above release and know the contents of the release and sign this release as my own free act.

This release contains the entire agreement between the parties to this agreement and the terms of this release are contractual and not a mere recital.

Dated this \_\_\_\_ day of \_\_\_\_\_, 201\_\_.

**Participant Printed Name:** \_\_\_\_\_  
**Participant Signature:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Telephone Number:** \_\_\_\_\_

**\*\*\*\*\* If the participant is under the age of 18 a parent or legal guardian must sign\*\*\*\*\***

**Parent Signature (if under 18):** \_\_\_\_\_