

Event Waiver : **FAITH FAMILY FREEDOM 5K/10K WARRIOR CHALLENGE**

I know that running the **FAITH FAMILY FREEDOM 5K/10K WARRIOR CHALLENGE** race on **November 22, 2025** in **Gilmer, Texas** (Upshur County) could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, am in good health, and I am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the race and agree to abide by them. I assume all risks associated with running in this event, including but not limited to: falls, physical contact with other participants, volunteers, race personnel, contract service providers, employees, and spectators including the potential to contract communicable disease resulting from contact with other participants, volunteers, race personnel, contract service providers, employees, and spectators. I assume all risks including: the effects of the weather; high heat and/or humidity; freezing cold temperatures; traffic and the conditions of the road (or trail, sidewalks, etc.) including surrounding terrain, and animals both wild and domestic. I assume all such risks being known, appreciated, and accepted by me.

I understand that bicycles, skateboards, roller skates and/or inline skates are not allowed in the race, and I will abide by all race rules. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the **FAITH FAMILY FREEDOM 5K/10K WARRIOR CHALLENGE**, Steel Mill Farms, The Body Health and Wellness, the individual (s) and all event sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

I grant permission to all of the foregoing to use my photographs, motion pictures, recordings, or any other record of this event for any legitimate purposes. I understand that this event does not provide for refunds in the event of a cancellation, and by signing this waiver, I consent that I am not entitled to a refund if the event is cancelled before or during the event.

Printed name of participant:

Date:

Signature:

Parent's Signature if under 18 years:

Date: