

GALVESTON COUNTY HEALTH DISTRICT

Protecting and Promoting the Optimal Health and Well-Being of Galveston County

Ben G. Raimer, MD
Chair, United Board of Health



Kathy Barroso, CPA
Chief Executive Officer

Philip Keiser, MD
Local Health Authority

HEAL FUN RUN Waiver and Release of Liability for Participants

Participant Name: _____ Phone: _____

Email: _____ Date of Birth (if under 18): _____

Emergency Contact Name and Phone: _____

Name of Parent/Guardian: _____ Relationship to the minor: _____

In consideration of being permitted to participate in the HEAL FUN RUN, I agree to assume all risks inherent in participation in such program, whether they are apparent to me or not. I certify that I am in good physical health and fit to participate. Nevertheless, I acknowledge that participation carries an inherent risk of injury to my person and damage to my property. I hereby waive and release, for myself and for my heirs and assigns, any and all claims, causes of action, or liabilities which may hereafter accrue against Galveston County Health District (GCHD) and its affiliates, agents, employees, volunteers, officers, directors, successors and assigns, and any and all sponsors, their representatives and successors, that may arise as a result of my participation in the HEAL FUN RUN including any and all claims for personal injuries caused by GCHD's negligence. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, recordings, or any other record of these events for any legitimate purpose, including commercial advertising, without monetary payment to me.

Signature of Participant: _____

Date: _____

This section to be read and signed by parent/legal guardian if Participant is a minor:

As the parent/legal guardian of the above-named Participant, I hereby waive and release on behalf of my child, any and all claims, and causes of action, or liabilities which may hereafter accrue against Galveston County Health District and its affiliates, agents, employees, volunteers, officers, directors, successors and assigns, and any and all sponsors, their representatives and successors, by reason of my child's participation in the HEAL FUN RUN, including any and all claims for personal injuries caused by GCHD's negligence. I certify that my child is in good physical health and fit to participate. Nevertheless, I acknowledge that participation carries an inherent risk of injury to my child's person and property. In addition, I accept full responsibility for the care and supervision of my child during the above-described run. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, recordings, or any other record of my child at these events for any legitimate purpose, including commercial advertising, without monetary payment to me.

Signature of Parent/Legal Guardian: _____

Date: _____

** 1 MILE COURSE - THE RIGHT 2 LANES WILL BE RESERVED FOR WHEELCHAIRS & STROLLERS*

**5K COURSE - STROLLERS, WHEELCHAIRS, WAGONS AND BIKES ARE ENCOURAGED TO LINE UP AT THE BACK OF THE 5K START LINE*