

# Matanzas Fun Run

## Sponsored by:

St. Johns County Recreation &  
Parks Department



Danita Thomas Heagy  
DC-Chiropractor

Ancient City Road Runners

Date: 1/21/12

Race Time: 10:15

Prizes

First 200 hundred runners receive a t-shirt and Ribbon for completing the race. Top three Boy's and Girl's will receive a medal once they have completed the race. The school that has the most runners will receive a award

Participant Name: \_\_\_\_\_

Circle One: Male Female

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Contact Number: \_\_\_\_\_

School Name: \_\_\_\_\_

County School is in: \_\_\_\_\_

### THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES AND DISCHARGES ST. JOHNS COUNTY, THE CITY OF ST. AUGUSTINE, ANCIENT CITY ROAD RUNNERS their directors, officers, employees, agents, and independent contractors from all liability to the undersigned and/or their personal representatives, assignees, heirs, and next of kin for any loss or damage and any claim or demands accruing or resulting from injury to the person or property or death of the above-named Participant, whether or not caused by the negligence and/or property of St. Johns County, the City of St. Augustine, Ancient City Road Runners, their directors, officers, employees, agents, and independent contractors.
2. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, DUE TO THE NEGLIGENCE OF St. Johns County, the City of St. Augustine, Ancient City Road Runners, their directors, officers, employees, agents, and independent contractors or otherwise the pertaining to the above-named Participant being in, upon or about the premises of St. Johns County or City of St. Augustine and/or while using the premises or facilities or equipment thereon.
3. THE UNDERSIGNED HEREBY PERMITS the taking of photographs of themselves and/or the above named Participant by St. Johns County or Ancient City Road Runners during recreation classes or activities to be used at the County's or City's reasonable discretion.
4. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement has been made.
5. I CERTIFY that I am a custodial parent or legal guardian of the above-named participant.

Parent/Guardian Signature

Date