

**2009 MathFest 5K Fun Run/Walk  
PARTICIPATION AGREEMENT, ASSUMPTION OF RISK, RELEASE AND WAIVER  
OF LIABILITY**

This Participation Agreement, Assumption of Risk, and Release and Waiver of Liability must be signed by all participants who take part in the **2009 MathFest 5K Fun Run/Walk**.

**PLEASE READ THIS AGREEMENT CAREFULLY. IT IS A LEGAL CONTRACT AND AFFECTS ANY RIGHTS YOU MAY HAVE IF YOU ARE INJURED OR OTHERWISE SUFFER DAMAGES WHILE PARTICIPATING IN THE MathFest 5K Fun Run/Walk SPONSORED BY Mathematical Association of America, August 8, 2009.**

**Inherent Risks and Dangers of the MathFest 5K Fun Run/Walk (Run):** As with most sports, this Run involves a number of inherent risks including health risks.

**Health Condition of the Participant:** You are certifying that you are medically and physically fit to compete in this event safely. By signing this participation agreement, you agree:

- That you have the physical fitness and ability to participate safely in the specified activity.
- To furnish the MAA emergency contact information and emergency medical permission signatures.
- That you will bear all financial responsibility for any medical treatment arising from participation.

**ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY**

I, \_\_\_\_\_ (participant) HEREBY RELEASE FROM LIABILITY, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Mathematical Association of America, the State of Oregon, the city of Portland, Travel Portland, and any of the officers, servants, agents and employees of the above-mentioned entities (hereinafter referred to as RELEASEES) for any liability, claim and/or cause of action arising out of or related to any loss, damage or injury, including death, that occurs as a result of my participation in the above-described activities. I agree to indemnify and hold harmless the RELEASEES whether injury is caused by my negligence, the negligence of the RELEASEES or the negligence of any third party. I further agree that this Release and Waiver of Liability shall bind all parties affiliated with me and constitute a COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Release and Waiver of Liability shall be construed in accordance with the laws of the State of Wisconsin.

**MEDICAL EMERGENCY CONTACT INFORMATION  
PARTICIPANT INFORMATION**

Participant's Name \_\_\_\_\_

Person to Contact First:

Name \_\_\_\_\_

Relation to Participant \_\_\_\_\_

Preferred Phone ( ) \_\_\_\_\_

Secondary Contact :

Name \_\_\_\_\_

Relation to Participant \_\_\_\_\_

Preferred Phone ( ) \_\_\_\_\_

**MEDICAL EMERGENCY PERMISSION**

If an injury or other medical condition occurs or arises, I hereby give permission to the Mathematical Association of America to seek emergency treatment by authorized providers. I understand that I am financially responsible for resulting charges.

BY SIGNING THIS FORM, I STATE THAT I HAVE READ AND UNDERSTAND THE CONDITIONS SET FORTH IN THIS RELEASE AND THAT I AGREE TO ALL CONDITIONS SET FORTH HEREIN, AND THAT I SIGN THIS VOLUNTARILY.

Date \_\_\_\_\_

Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_