



WAIVER

ERC Health Cleveland Corporate Challenge Waiver

Each Corporate Challenge participant must read and sign the ERC Health Cleveland Corporate Challenge Release and Waiver of Liability. Please sign with your legal name and date the signature. **YOU MUST SIGN THE RELEASE AND WAIVER OF LIABILITY IN ORDER TO PARTICIPATE IN THE ERC HEALTH CLEVELAND CORPORATE CHALLENGE.**

Release and Waiver of Liability

In consideration of accepting my team's entry and permitting me to participate in the Corporate Challenge, a corporate health, sports, and fitness program and related events and activities, I, the undersigned:

1. Certify that I am physically fit and apparently healthy and able to participate in all events and have not been advised otherwise by a qualified medical person.
2. Intend to be legally bound for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows to **WAIVE, RELEASE, DISCHARGE AND AGREE NOT TO SUE**, from any and all liability for my death, disability, personal injury, property damage, property theft, or action of any kind which may hereafter accrue to be as a result of my participation in or traveling to or from a sanctioned ERC Health Cleveland Corporate Challenge event, the following persons or entities: The ERC Health Cleveland Corporate Challenge and all of its collaborating partners and sponsors, its affiliated branches and their respective administrators, directors, and other employees of this organization; Hermes Sports & Events, Inc., and their respective officers, directors, independent contractors, agents, and employees of this organization, interns, race directors, event producers, event volunteers, other participants, advertisers, and, if applicable, owners and lessees of premises used to conduct the events from any and all liability to each of the undersigned, his or her heirs and the next of kin for any and all claims, demands, losses or damages on account of injury, including death and damage to property, caused or alleged to be caused in whole or part by the negligence of the owners and/or lessees or otherwise.
3. Consent to receive treatment should an injury, accident, illness, and/or any other circumstance occur in which treatment is deemed necessary by qualified medical personnel during any sanctioned ERC Health Cleveland Corporate Challenge event.
4. Grant full permission and authority to the ERC Health Cleveland Corporate Challenge and all of its event producers, sponsors, advertisers, and or assigns, to make public use of any photographs, videotapes, motion pictures, recordings, TV coverage or film likeness as long as it is used for any legitimate purpose by the ERC Health Cleveland Corporate Challenge and the aforementioned parties.

Sport: _____

ERC HEALTH CLEVELAND CORPOTATE CHALLENGE WAIVER FORM

Company Name: _____ Date: _____

Company Address: _____

Division: _____

Event: _____

By signing this and signing this voluntarily, I warrant that I have read and understand the contents and meaning of the release and waiver of right to sue and agree to be legally bound by all of its terms and conditions.

Print Name

Signature and Date

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