



**Adult**

**ASSUMPTION OF RISK, INDEMNITY,  
AND VOLUNTARY RELEASE, AGREEMENT**

I, \_\_\_\_\_, wish to participate in Dare U to Care’s [20<sup>th</sup> Anniversary Run], which may include but not limited to the variety of activities as listed on the attached document (the “Program”), In exchange for my participation in the Program, I the Releaser:

1. Acknowledge and understand the nature of the Program and accept complete responsibility for my health and well-being in the program. I further acknowledge and understand that no responsibility is assumed by **Dare U to Care** for the program.
2. Am not aware of any medical condition or disability that I may have that would prohibit me from participating in the program and agree to inform **Dare U to Care** of any such condition that could cause me or others harm. I acknowledge that I have adequate health and accident insurance coverage throughout my participation in the Program.
3. Agree to **ASSUME ALL RISK** of physical and/or emotional injury, sickness, death, damage, and expense arising from or related to my participation in the Program.
4. AGREE TO INDEMNIFY, RELEASE, DISCHARGE, AND HOLD HARMLESS **DARE U TO CARE**, FROM ANY LIABILITY. LOSS DAMAGE, COST FOR INJURY, SICKNESS OR DEATH, AND ANY DAMAGE **DARE U TO CARE** MAY INCUR; DUE TO MY PARTICIPATION IN THE PROGRAM WHETHER CAUSED BY THE NEGLIGENCE OF **DARE U TO CARE** OR OTHERWISE.
5. Agree that this voluntary release, Assumption of risk and indemnity, an Agreement is intended to be as broad and inclusive as permitted by law, If any portion of this agreement is held invalid it is agreed that the balance will continue in full legal force and effect. This Agreement is governed by and construed in accordance with the laws of the state of California.

By signing this Agreement, I Acknowledge that I have carefully read it and understand it; I am signing my name knowingly and voluntarily to evidence my understanding and acceptance of it’s terms.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(City, State, Zip Code)

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\*In this Agreement references to Releaser shall be read to include the Releaser's personal representative's assigns, Insurers, heirs, executors, administrators, and next of kin.

\*\*In this Agreement, references to "Dare U To Care" shall be read to include the Administrators, counselors, interns, volunteers, And all other Staff.

**List of Possible Activities**

The activities listed below may be modified, accelerated or adjusted so as to accomplish the purposes of the Program, and as a result there may be an increases risk of personal injury, damage, and loss of life than would normally be associated with the activities

- Walking/Jogging/Running in competitive race of varied distances
- Training for the event
- Commuting and/or carpooling with others to and from the event

By signing this Agreement, I Acknowledge that I have carefully read it and understand it; I am signing my name knowingly and voluntarily to evidence my understanding and acceptance of it's terms.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)