



### **WAIVER AND RELEASE**

I, \_\_\_\_\_ have asked to participate in Spartan Run for Autism  
\_\_\_\_\_ on 09/05, 2021.

As a condition of participating in such an activity, I agree to the following:

1. In consideration of being granted the opportunity to participate in this activity and use services and facilities furnished or made available by Case Western Reserve University as well as the assistance of employees of the University, I/we do hereby waive and release Case Western Reserve University, its officers, trustees, faculty, employees, coordinators of this activity, and agents from all claims, costs, liabilities, expenses and judgments, including attorney's fees and court costs, which may arise out of or be in any way connected with my participation in this activity.
2. My son/daughter is physically capable of participating in this activity. I understand that I am responsible for any personal emergency travel, medical, or other costs that are incurred as a result of this participation or any personal insurance deemed necessary. I also understand that Case Western Reserve University is not responsible for my child's safety under any circumstances.
3. I give permission for my son/daughter to participate in these activities. Should circumstances change, and I wish to revoke this permission, I will notify the Office of Student Activities & Leadership in writing immediately and will be responsible for any costs already incurred.
4. I, and my child, grant permission for the University to use any photos, film, or videos of my child or his/her likeness; and/or any other identifying information about my child, and to use the same or portions thereof, including making and using derivative works thereof in any medium, including without limitation, videos, online broadcasts and brochures, for any University purpose that is a legitimate account of my child's experience.
5. I have read and fully understand all of the provision of this Release Form, I hereby acknowledge and represent I that I am signing this release voluntarily, that I am at least eighteen (18) years of age and fully competent, and that I am the parent or legal guardian of the minor named in this document.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name (printed): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name (printed): \_\_\_\_\_

Parent Emergency Phone Number(s): \_\_\_\_\_