

RELEASE/AUTHORIZATION FORM:

Please have each runner on your team sign this form and ensure its submission prior to the assigned start time for your team. It is imperative that each runner's original signature is on this form and will be considered incomplete if this requirement is not met.

In consideration of the acceptance of my entry and my participation in the 2010 American Odyssey Relay Run Adventure (hereinafter referred to as "the Event"), I, for myself, my heirs, executors, administrators and assigns, do forever release, waive, discharge and give up any and all claims of any kind whatsoever, including but not limited to claims for personal injury, death, property damage, lost wages, medical expenses, attorney's fees, and any other types of losses, damages, and costs, against the Event owners, promoters, organizers, staff, volunteers, sponsors, vendors, USA Track and Field, the United States, the Commonwealth of Pennsylvania, the State of Maryland and the District of Columbia as well as each and every town and municipality within these jurisdictions in which the Event takes place, whether named in this release or not, and the owners and lessees of property used for the Event, and each of their officers, directors, shareholders, employees, representatives, agents, contractors, subcontractors, subsidiaries, agencies and assigns, which may arise in connection with the Event, even if the party whom I am releasing caused any such loss, damage or cost to some degree. I understand that the Event is potentially hazardous. I acknowledge that I have read the Odyssey Safety Manifesto and agree to abide by it and I should not participate unless I am able to do so and am properly trained. I voluntarily assume all risks associated with participating in the Event, including but not limited to running on roads open to traffic without sidewalks or designated running lanes, running at night on roads without street lights or other lighting, crossing roads, adverse weather conditions, encounters with wild animals, and no aid stations, and I hereby accept responsibility for any such loss, damage or cost that I may incur in relation to such risks. If I require any medical treatment or care from emergency response authorities, I agree that I will be responsible to pay for such treatment and care. I grant full permission to the Event owners to obtain photographs, videotapes, or any other recordings of this Event and to use them for the purpose of promoting the Event or to conduct other related business. I understand that the course may be modified as deemed necessary by the Event owners, and that the Event may be cancelled as deemed necessary by the Event owners. I understand that the entry fee is non-refundable and non-transferable.

TEAM NAME: _____

_____ Signature	_____ Signature	_____ Signature
_____ Printed Name	_____ Printed Name	_____ Printed Name
_____ Date	_____ Date	_____ Date

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