



FLORIDA AIRPORTS COUNCIL
5K RUN/WALK/STROLL - AUGUST 11, 2024
JW MARRIOTT TURNBERRY RESORT & SPA, AVENTURA, FL

Liability Waiver

Name: _____ E-Mail: _____
Address: _____ City, State, Zip: _____
Date of Birth: _____ Cell Phone: _____ Home Phone: _____
Emergency Contact: _____ Emergency Contact Cell Phone: _____

Photography/Video Release

Participants involved in any activities offered by the Florida Airports Council may be photographed or videotaped during. The undersigned hereby consents to the use of these photos and/or videos without compensation, on the Florida Airports Council website or in any editorial, promotional, or advertising material produced and or published by the Florida Airports Council. **Initials:** _____

Waiver and Release of Liability

In consideration of acceptance of this entry, I waive any and all claims for myself and my heirs against officials and sponsors of the **2024 FAC Annual Conference and Exposition** for injury or illness which may result directly or indirectly from my participation. I know that running a race is a potentially hazardous activity.

I should not enter and run unless I am medically able, physically fit and properly trained. I assume any and all risks associated with this event including but not limited to falls, contact with other participants, effects of weather, including high heat and/or humidity, traffic, and conditions of the trails, all such risks being known and acknowledged by me.

I agree to abide by all the decisions of the race officials relative to my ability to safely complete the run. I agree not to wear headsets, run with dogs, baby joggers or strollers during the race. Knowing these facts and in consideration of your accepting my entry, I hereby, for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge all FAC and JW Marriott Turnberry Resort and Spa, Miami Dade staff, race officials, volunteers and all sponsors including their agents, employees, assigns, or anyone acting on their behalf from any and all claims or liability for death, personal injury or negligence or carelessness on the part of the persons named in this waiver.

I have read and understood the forgoing assumption for risk, and release of liability and I understand that by signing it obligates me to indemnify the parties named for a liability for injury or death of any person and damage to property caused by my negligent or intentional act or omission. I understand that by signing this form I am waiving valuable legal rights.

Signature of Participant: _____ Date: _____

If participant is under the age of 18,

Signature of Parent/Guardian: _____ Print Name: _____ Date: _____

Reviewed By (Print): _____ Signature: _____ Date: _____