

## Share a Smile 5K Waiver

I acknowledge that an athletic race is a dangerous event. It is an extreme test of a persons physical and mental limits and carries with it the potential for death, serious injury, and property loss. I understand that there will be other vehicles, including cars and trucks, along portions of the race route even though some portions of this route may be closed to some vehicles. I agree to abide by all rules of the road at all times whether or not portions are closed to some vehicles. I further understand that serious accidents occasionally occur during races and that participants in these events can suffer serious injury or death.

NEVERTHELESS, I HEREBY ASSUME THESE RISKS OF PARTICIPATION IN THE SHARE A SMILE DENTAL DASH RACE.

I certify that I am physically fit, have sufficiently trained for participation in this event, and have not been advised otherwise by qualified medical persons.

IN RETURN FOR PERMITTING ME TO PARTICIPATE IN THE SHARE A SMILE DENTAL DASH RACE, I HEREBY WAIVE, RELEASE AND DISCHARGE ANY AND ALL CLAIMS FOR DAMAGES FOR DEATH, PERSONAL INJURY, DISABILITY OR PROPERTY DAMAGE OF ANY KIND WHICH MAY HEREAFTER ACCRUE TO ME AS A RESULT OF MY PARTICIPATION IN THIS EVENT. THIS RELEASE IS EXPRESSLY INTENDED TO DISCHARGE IN ADVANCE SHARE A SMILE AND THEIR EMPLOYEES, AGENTS AND VOLUNTEERS FROM AND AGAINST ANY AND ALL LIABILITY ARISING OUT OF OR CONNECTED IN ANY WAY WITH MY PARTICIPATION IN THIS EVENT. THIS RELEASE WILL APPLY EVEN THOUGH LIABILITY MAY ARISE OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF THOSE DISCHARGED INCLUDING THEIR EMPLOYEES AGENTS AND VOLUNTEERS. I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS THE ENTITIES AND PERSONS HEREIN RELEASED FROM ANY AND ALL CLAIMS MADE BY OTHER INDIVIDUALS OR ENTITIES AS A RESULT OF ANY OF MY ACTIONS DURING MY PARTICIPATION IN THIS EVENT AS WELL AS TRAVELING TO OR FROM THIS EVENT. THIS WAIVER AND RELEASE SHALL APPLY TO ME AS WELL AS ANY OF MY HEIRS, EXECUTORS, ADMINISTRATORS, NEXT OF KIN, ASSIGNS AND SUCCESSORS, EACH TEAM MEMBER (RELAY TEAMS) MUST SIGN THIS WAIVER.

By completing this waiver, I hereby certify that I am eighteen (18) years of age or older: that I have read this document, and that I understand its contents.

OR

If I am under the age of eighteen (18) years my parent/guardian has read this form with me and completed the waiver below.

Parent/Guardian Waiver and Release - For Minor

Note: If the applicant is under 18 years of age, the parent or guardian must agree to, in addition to the above, the following waiver and release:

I hereby represent that he or she is, in fact, acting in such capacity and AGREES TO SAVE AND HOLD HARMLESS AND INDEMNIFY EACH AND ALL OF THE PARTIES HEREIN NAMED ABOVE AND RELEASE THEM AND THEIR EMPLOYEES, AGENTS AND

VOLUNTEERS FROM ALL LIABILITY LOSS, OR HARM THAT MAY OCCUR BY REASON OF THE MINOR'S PARTICIPATION IN THE ABOVE-DESCRIBED EVENT BY COMPLETING THIS WAIVER, THIS PARENT/GUARDIAN ACKNOWLEDGES AND AGREES TO THE ABOVE AS WELL AS THIS WAIVER AND RELEASE. FURTHER, ANY DEFECT OR LACK OF CAPACITY TO SO ACT WAIVE AND RELEASE ANY RIGHTS ON BEHALF OF BOTH THE MINOR AND PARENT/GUARDIAN IS HEREBY WAIVED.

#### Consent to Medical Treatment of Minor

I hereby authorize any duly authorized doctor, emergency medical technician, hospital or other medical facility to treat said minor for the purpose of attempting to treat or relieve any injuries received by said minor while he/she was a participant at the Share a Smile Miles for Smiles 5K. I authorize any licensed physician to perform any procedure which he/she deems advisable in attempting to treat or relieve any injuries or any related unhealthy conditions of said minor that he/she may encounter during any necessary operation. I consent to the administration of anesthesia as deemed advisable by any licensed physician. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk on the behalf of myself and said minor I acknowledge that no warranty is being made as to the results of any treatment.

AGREES TO THE ABOVE AS WELL AS THIS WAIVER AND RELEASE. FURTHER, ANY DEFECT OR LACK OF CAPACITY TO SO ACT WAIVE AND RELEASE ANY RIGHTS ON BEHALF OF BOTH THE MINOR AND PARENT/GUARDIAN IS HEREBY WAIVED.

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