

# BLACK HILLS VETERAN MARCH WAIVER/RELEASE

*Each marcher must read and sign a waiver/release.  
Individual participants or team captain signs on first line; team members on the following lines.*

In consideration of my entry being accepted in the Black Hills Veteran March, I, intending to be legally bound, do hereby, for myself, my heirs, executors and assigns, waive, release and forever discharge any and all rights and claims for damages that I might have or which may hereinafter accrue to me against the United States Government, United States Army, their agents, officers, employees, sponsors, their representatives or successors arising out of my association with or participation in the Black Hills Veteran March. I know that participating in this event, a 26.2 mile road march, when entails walking or running great distances over uneven and undeveloped lands. I understand that this is a potentially hazardous activity and that I should not enter and participate unless I am medically able and properly trained. I understand that I do not need a physical examination to participate in the Black Hills Veteran March and that I participate at my own risk. I assume all risks associated with participating in this race.

I agree to comply with any and all rulings of the March officials. I understand that decisions of the March officials, and any decisions made after appeal through the March Director are final.

I further understand that neither the United States Government nor the Black Hills Veteran March will be responsible for my personal property. If I leave any items of personal property unattended for any reason, I understand that I assume the risk for all losses.

I hereby consent to emergency treatment in the event of my injury or illness. This treatment may be provided by various care providers including, but not limited to United States Army medical personnel, National Guard medical personnel, or local civilian rescue personnel. I agree to comply with all directives of medical personnel. I understand that a medical evacuation by air may be necessary, and that I assume the risk that such aircraft may crash.

I further understand that I assume the risk of any illness or injury resulting from dietary supplements such as ephedrine or creatine based products, over-the-counter drugs or prescription medication I may take prior to or during the race. If I am directed to cease participating in the Black Hills Veteran March for medical reasons, I will comply. I further acknowledge that I have no medical history or condition that would preclude me from participating in the Black Hills Veteran March.

I understand that if this race cannot be held because of an act of God or circumstances beyond control, any expenses incurred or entry fees paid by me will not be refunded. I release the rights to all photographic material, motion picture, recordings, computer information, and any other record of this event to be used for legitimate purpose without any obligation or compensation to me.

All persons under the age of 18, unless emancipated, must have the written consent of a parent or legal guardian to compete in the Black Hills Veteran March. I, the undersigned parent or guardian, hereby consent to the applicant's participation and waive and release all rights for damages as is more fully set forth above. I understand that the Black Hills Veteran March reserves the right to reject my entry at any time.

Print	Name:	Print	Name:
Signature: _____		Signature: _____	
<i>(Signature of parent or guardian is required if participant is under the age of 18.)</i>		<i>(Signature of parent or guardian is required if participant is under the age of 18.)</i>	

Print	Name:	Print	Name:
Signature: _____		Signature: _____	
<i>(Signature of parent or guardian is required if participant is under the age of 18.)</i>		<i>(Signature of parent or guardian is required if participant is under the age of 18.)</i>	

Print	Name:
Signature: _____	
<i>(Signature of parent or guardian is required if participant is under the age of 18.)</i>	