Agreement to Participate and Liability Waiver
For Minors Participating in The Patch Sprint
(For Use with Minor Participants)

All physical activities involve certain inherent risks. The *Patch Sprint* is a vigorous, cardiovascular activity requiring *sustained running endurance, walking endurance, hiking endurance, coordination, running skill, and hiking skill.* The *Patch Sprint* is a 12-mile *trail and road race* requiring travel on public roads and land, private land, hiking trails, logging access roads, and unmarked trails. The *Patch Sprint* requires hiking and descending four Adirondack Mountains, and running or walking between each mountain. While the *Patch Sprint* uses care in conducting the event, it is unable to eliminate all risk from the activity.

It is possible for runners and trekkers to suffer common injuries such as cramps, muscle strains, sprains, cuts, blisters, and bruises. More serious, but less frequent injuries such as broken bones, concussions, heart attacks, strokes, hypothermia, paralysis, and death may also occur. These injuries, and others, may result from such incidents as (but not limited to) slips and falls, tripping, colliding with another runner, loose rocks along the trail, heat-related illnesses, and stress placed on the cardiovascular system.

Participation in the *Patch Sprint* is entirely voluntary. Because much of the event takes place in wilderness areas that are difficult to access, immediate medical care (defined as care provided within 3 hours) may not be possible. Local Willsboro or Keeseville EMS services will be summoned for all emergency medical situations.

Patch Sprint organizers recommend all participants follow these safety guidelines:

1. Know the course prior to participation
2. Travel with a partner
3. Be alert for unanticipated hazards on the course
4. Wear proper footwear
5. Consume adequate liquids and energy during the event.

I agree to follow the preceding safety rules, all posted safety rules, and all rules common to *trail running.* Further, I agree to report any unsafe practices, conditions, or equipment to the *event* organizers.

I certify that 1) I possess a sufficient degree of physical fitness to safely participate in the *Patch Sprint*, 2) I understand that I am to discontinue running or trekking at any time I feel undue discomfort or stress, and 3) I will indicate below any health-related conditions that might affect my ability to safely complete the *Patch Sprint* and I will verbally inform activity organizers prior to participating.

Circle: Diabetes Heart Problems Seizures Asthma Other_____

I have read the preceding information and my questions have been answered. **I know, understand, and appreciate the risks associated with distance trail runs and I am voluntarily participating in the activity. In doing so, I am assuming all of the inherent risks of the sport.** I understand that in the event of a medical emergency, immediate emergency medical care may not be possible due to the difficulty in accessing some remote wilderness areas of the *Patch Sprint* course. I further understand that when made aware of a medical emergency on the course, *event organizers will call EMS to render assistance and that I will be financially responsible for expenses involved.*

_____	_____	_____
Signature of Participant	Date	Name of Participant (Please Print)
_____	_____	_____
Signature of Parent or Guardian (for minors)	Date	Name of Parent or Guardian (Please Print)

WAIVER OF LIABILITY: In consideration of being permitted to participate in the *Patch Sprint*, **the undersigned Participant hereby releases the Patch Sprint, Pok-O-MacCready Camps, and course affiliated private landowners from liability for injury, loss, or death**, while *participating in the run or hike or while in any way associated with participating in the event now or in the future*, resulting from the ordinary negligence of the *Patch Sprint* organizers and its agents, or Pok-O-MacCready Camps, its agents, or employees.

_____	_____	_____
Signature of Participant	Date	Name of Participant (Please Print)
_____	_____	_____
Signature of Parent or Guardian (for minors)	Date	Name of Parent or Guardian (Please Print)