



WAIVER  
Cape Cod MOVES, Inc.  
Waiver and Assumption of Risk for Participation

I agree that walking, running, swimming, biking and all other activities that are not sitting on the couch are potentially hazardous activities which could cause injury or death. I further understand that the activities that are not sanctioned and that are listed on the PRIVATE Face Book or Website page for Cape Cod MOVES, Inc. AND the monthly meeting activities are not official Cape Cod MOVES, Inc. events. These events will have unique challenges.

I will not participate in any event unless I am medically able and properly trained. By my signature, I certify that I am medically able to undergo any activity listed by Cape Cod MOVES, Inc. I am stating that I am in good health and that I am properly trained. I agree to abide by all rules established by Cape Cod MOVES, Inc. including the right of any organizing Cape Cod MOVES member to deny or suspend my participation for any reason whatsoever.

I understand that there is no alcohol or cannabis use at any Cape Cod MOVES, Inc. event.

I assume all risks associated with any event which may include: falls, contact with other participants, the effects of the weather, including high heat, high humidity, extreme cold, ice, lightning, high winds, traffic, the conditions of the road, trails or track, all such risks being known and appreciated by me.

Having read this waiver and knowing these facts and inconsideration of your accepting my membership fee, I, for myself and anyone entitled to act on my behalf, waive and release all members of the Board of Directors of Cape Cod MOVES, Inc., all facilities and transportation associated with any trip, all club sponsors, their representatives and successors and all Cape Cod MOVES, Inc. coaches from all claims or liabilities of any kind arising out of my participation with the club, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

The following are my pertinent medical conditions:

Allergies:

Participant's Name (printed):

Participant Signature:

Date:

For Participants Under 18:

I Do  Do Not  grant permission to all of the foregoing to use photographs, motion pictures, recordings or any other record for any legitimate promotional purposes for the club for my child. Participant's DOB if under 18 year of age:

Parent's Name if Participant is under 18 years:

Signature (Parent's if Participant under 18 years of age):

Date: