

**2012 Trillium Trek Trail Run**

**RELEASE**

I, \_\_\_\_\_ the undersigned (as parent or legal guardian of the above named participant where applicable), acknowledge, appreciate, and agree that the risk of injury from participation in the Elachee Nature Science Center Trillium Trek Trail Run, is significant and includes, but is not limited to, the following; sprains, strains, falling, fractures, heat stroke, other heat and cold injuries, animal bites and stings, contact with poisonous plants, acts of God, and the potential for serious injury and death. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation.

I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official.

For and in consideration of my participation in the event, I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS ELACHEE NATURE SCIENCE CENTER, its officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and volunteers ("Releasees") WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law. This applies while participating and/or working in the event, including pre-event set-up and post-event break-down and any other event-related activities.

I further state that I am in proper physical condition to participate in this event and am over 18 years of age.

If the participant is under 18, the parent or legal guardian signing this waiver hereby states that the participant is in proper physical condition to participate in this event. The undersigned further represents and affirms that he or she has the legal authority to sign this release and waiver on behalf of the participant, and assumes all risks and liabilities above and for signing this form.

I hereby consent to the use of any and all photographs depicting me, or of any minor on whose behalf I am signing this release, for promotional use or otherwise. I further consent to the use of my name or the name of any minor I am signing this release on behalf of for promotional use or otherwise, and understand that participant names may be published.

The Releasees reserve the right to postpone, cancel, or modify the event due to weather conditions or other factors beyond the control of the Releasees, which might affect the health or safety of the participants. No refunds will be granted.

I HAVE READ THIS RELEASE AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE OR MAY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If the participant is under 18:

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Mail completed form to Elachee Nature Science Center, 2125 Elachee Drive, Gainesville, GA 30504  
Email: [preserve@elachee.org](mailto:preserve@elachee.org) Fax: 770-535-2302