

2010 NON-PARTICIPANT PACKET PICK-UP

In Order to have someone else pick up a packet on behalf of a participant the following MUST be completed:

Participant Last Name: _____

Participant First Name: _____

- Sign AND notarize the waiver below
- Provide a copy of the participant's photo ID
- Print the name of the individual picking up the packet below

Participant Bib Number: _____

Last Name

First Name

WAIVER

ING Miami Marathon and Half-Marathon and/or 5K 2010 Weekend Event

ALL PARTICIPANTS IN THE ING MIAMI MARATHON AND HALF MARATHON AND THE BLUE CROSS AND BLUE SHIELD OF FLORIDA TROPICAL 5K (COLLECTIVELY THE EVENTS) AND RELATED EVENTS ARE REQUIRED TO ASSUME ALL RISK OF PARTICIPATION IN THE EVENTS BY SIGNING THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT: The undersigned athlete (Athlete) and on behalf of Athlete's personal representatives, assigns, heirs, and executors, fully and forever releases from all liability, including negligence, PR Racing Miami, LLC, US Road Sports & Entertainment Group, LP, Miami-Dade County, the City of Miami, the City of Miami Beach, ING Miami Marathon and Half Marathon, ING, Blue Cross and Blue Shield of Florida, USATF, all municipal agencies whose property or personnel are used, all other sponsoring or co-sponsoring companies or individuals related to the Events, and their respective employees, agents, volunteers, representatives and affiliates (collectively the Releasees). Athlete and on behalf of Athlete's personal representatives, assigns, heirs and executors waives the right to sue Releasees for all losses and damages that arise from any injury to Athlete or Athlete's property or resulting in Athlete's death in connection with the Athlete's participation in the Events including but not limited to losses or damage caused by the negligence of all or any of the Releasees, the negligence of others, weather conditions or otherwise, and also including any pre or post-race activities and any programs and/or giveaways conducted at the events and/or activities by a sponsor or other third party. The Athlete warrants that Athlete is in good physical condition and is able to safely participate in the Events. The Athlete is fully aware of the risks and hazards inherent in participating in the Events, including the possibility of serious physical trauma, injury or death, and elects to voluntarily compete in the Events knowing such risks. The Athlete agrees to the use of Athlete's name and photographs in broadcasts, newspapers, magazines, brochures, and other media without compensation. The Athlete acknowledges that the entry fee is non-refundable and non-transferable. The Athlete grants to the Medical Director of the Marathon, Half Marathon and 5K and the University of Miami Medical Group and its agents, affiliates, and designees access to all medical records (and physicians) as needed and authorize medical treatment as needed. The Athlete acknowledges that PR Racing Miami, LLC has the right to alter, change, cancel and/or postpone any of these events as a result of circumstances that would affect or impact the event which are beyond their control. The Athlete warrants that all statements made in this release agreement are true and correct and understands that Releasees have relied on them in allowing Athlete to participate in the Events. **ATHLETE HAS READ THE FOREGOING, UNDERSTANDS ITS CONTENTS AND INTENTIONALLY AND VOLUNTARILY CERTIFIES COMPLIANCE BY ACCEPTING THIS WAIVER.**

I authorize the person named above as my duly authorized representative to pick up my race packet and / or material.

IF ATHLETE IS UNDER AGE 18: I am the parent or guardian of _____. I certify that my son/daughter has my permission to participate in the ING MIAMI MARATHON AND HALF MARATHON AND THE BLUE CROSS AND BLUE SHIELD OF FLORIDA TROPICAL 5K. I have read and I understand the foregoing RELEASE AND WAIVER OF LIABILITY AGREEMENT (above) and by signing below intentionally and voluntarily agree to its terms and conditions and agree that its terms shall likewise bind me, my child, and our heirs legal representatives, and assignees. I further certify that my son/daughter is in good physical condition and is able to safely participate in the ING MIAMI MARATHON AND HALF MARATHON AND THE BLUE CROSS AND BLUE SHIELD OF FLORIDA TROPICAL 5K. I hereby authorize medical treatment for him/her and grant access to my child's medical records as necessary.

Signature of Applicant or Legal
Guardian for participants under
18 years of age.

Date

Notary Public

Date

Notary Stamp

Date