**RELEASE OF LIABILITY**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby acknowledge and agree to the following as conditions of my participation in the Catholic Health Association of the United States (“CHA”) 2017 Sunrise Run/Walk to be held on Tuesday, June 13, 3017 in New Orleans, LA:

1. My involvement and/or participation in the CHA 2017 Sunrise Run/Walk is entirely voluntary and I am acting completely under my own free choice and will.
2. I acknowledge that there is a risk of danger, bodily harm, injury, emotional stress, or death as a result of my participation. The risks arise from, but are not limited to falls, contact with other participants, the effects of the weather, including rain and wind, traffic and the conditions of the road, all such risks being known and appreciated by me.
3. I acknowledge that there is the potential for risks and dangers that may not be obvious or reasonably foreseeable at this time or at the time and during my participation in the activity described above.
4. I do not have any medical ailments, physical limitations, or mental disabilities that will affect my ability to participate in the CHA 2017 Sunrise Run/Walk.
5. I fully acknowledge that CHA undertakes no direct or indirect legal or financial responsibility whatsoever for my personal safety and well-being when I am participating in CHA 2017 Sunrise Run/Walk.
6. I fully and completely assume all of the risks arising from my voluntary participation in the activity described above, including but not limited to, those risks outlined in Sections 2 and 3 above.
7. I forever and completely release, waive, and forever discharge CHA, its officers, trustees, employees, and volunteers from and against any liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature that I may have or that may hereafter accrue to me, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by me, even if caused by the negligence or other fault of such entities or persons (excepting willful or wonton misconduct).
8. I acknowledge that I am 100% liable for any and all medical expenses incurred as a result of any injury or property damage during my participation in the CHA 2017 Sunrise Run/Walk.
9. I grant full permission for CHA to use photographs of me in connection with this event.

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Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date