



**EVENT PARTICIPANT/VOLUNTEER
ACCIDENT WAIVER AND RELEASE OF LIABILITY**
(To be signed by all event participants and volunteers)

I acknowledge that **Roosevelt Island Health and Fitness Day** (hereafter referred to as the Event) is a test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitor, and/or procedures of the event, and lack of hydration. I hereby assume all of the risks of participating in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently trained for participation in the Event and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability form will be used by the Event holders, sponsors and organizers, in which I may participate and that it will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this Event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows: (A) Waive, Release, and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me including my traveling to and from this event, **THE FOLLOWING ENTITIES OR PERSONS: Roosevelt Island Operating Corporation of the State of New York, the Empire State Development Corporation, the Division of Housing and Community Renewal, the State of New York and the City of New York**, their directors, officers, employees, volunteers, representatives, and agents, the Event holders, Event sponsors, and Event staff and volunteers (hereafter referred to as Releasees); and (B) Indemnify and Hold Harmless the Releasees from any and all liabilities or claims made as a result of participation in this Event, whether caused by the negligence of Releasees or otherwise.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness during this Event.

I understand that at this Event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizations and assigns.

The Accident Waiver and Release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I HAVE READ THIS RELEASE AND I UNDERSTAND ITS CONTENT

Print Participant's Name Age Signature of Participant Date
(if under 18 years old, parent or guardian must also sign below)

PARENT/GUARDIAN WAIVER FOR MINORS (UNDER 18 YEARS OLD)

The undersigned parent and/or guardian does certify that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardians.

Print Participant's Name Age Signature of Parent/Guardian Date

Please read, print and sign waiver of liability form. [Click on the Sign Up Form button below to proceed to the sign up page.](#)