

**LEHIGH UNIVERSITY WAIVER**

**FAMILY 5K**

Name of Activity

**Sunday, November 6, 2011**

Date(s) of Activity

In consideration of the use of premises or facilities owned or operated by Lehigh University and/or in consideration of permitting me and/or my minor child to participate in the activity listed above, on behalf of myself and/or my minor child, my heirs, executors, administrators, successors, or assigns, I hereby release and forever discharge Lehigh University, its agents, servants, and employees of and from any and all manner of actions, causes of action, suits, damages, claims, and demands, on account of personal injury, including death, or any other cause whatsoever, which I and/or my minor child may have against them by reason of or arising out of my and/or my minor child's participation in the above-listed activity.

I understand and accept the risks involved in this activity. I certify that I and/or my minor child are physically fit to participate in this event.

**ADULT PARTICIPANT**

OR

**MINOR CHILD PARTICIPANT**

\_\_\_\_\_  
Print Name of Participant (over Age 18)

\_\_\_\_\_  
Print Name of Participating Minor Child

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Date

Parent/Guardian

Telephone No.: \_\_\_\_\_

{Please make certain that you and/or your minor child have adequate health and accident insurance, since Lehigh will not be responsible for injuries resulting from you and/or your minor child's participation in physical activities.}

**Note: Sponsoring department retains this signed form for 3 years.**