



**JANUARY 11, 2020**

## Full S.T.E.A.M. Ahead 5k Run/Walk Waiver & Release Form

In consideration of \_\_\_\_\_ (*print participant's name*), the undersigned acknowledges and agrees that:

1. Participation in the South Florida Science Center's Full S.T. E.A.M. Ahead 5k involves a risk of injury, including bodily injury. While particular rules and personal discipline may reduce this risk, the risk of serious injury does exist, and,

2. On my own behalf and on behalf of my/our heirs, assigns, legal representatives, next of kin and to the fullest extent permitted by law, I HEREBY RELEASE AND DISCHARGE THE SOUTH FLORIDA SCIENCE CENTER AND AQUARIUM, INC., their respective directors, officers, employees, affiliates, members, other participants, sponsoring agencies representatives, and if applicable, owners and lessors of premises used to conduct the event ("Release"). WITH THE RESPECT TO ANY AND ALL INJURY, death or damages and/or any other claims, demands, losses or damages, incurred by me in connection with any aspect of the 5k run/walk. WHETHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law, and,

3. On my own behalf and on behalf of my/our heirs, assigns, legal representatives, next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in this event, even if arising from their negligence, to the fullest extent permitted by law.

If I am an employee of the South Florida Science Center and Aquarium, INC., I acknowledge that my participation in the Full S.T.E.A.M. Ahead 5k is completely voluntary and does not constitute part of my work-related duties. I understand that my decision to participate, or not participate, in this activity will not affect my job status.

**I HEREBY READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_





**JANUARY 11, 2020**

## PHOTO RELEASE

I hereby grant the South Florida Science Center and Aquarium, INC. (SFSCA) permission to use Participants likeness in photographs/video in any and all of its publications and in any and all other media, including website entries, whether now known or hereafter existing. I understand and agree that these materials are controlled by the SFSCA in perpetuity.

I hereby irrevocably authorize the SFSCA to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the SFSCA's programs or for any other lawful purpose. I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I will make no monetary or other claim against the SFSCA for use of the photograph/video. Further, I hereby release and otherwise agree to hold you harmless and to indemnify you, your licensees and/or assigns from any and all claims arising out of, or resulting from my appearance and my statements in the above.

I hereby certify that I am the Participant \_\_\_\_\_ of the SFSCA's Full S.T.E.A.M. Ahead 5k and do hereby give my consent without reservation to the foregoing on behalf of this person.

\_\_\_\_\_  
(Participant's Signature)

\_\_\_\_\_  
(Date)

