



THE UNIVERSITY OF THE WEST INDIES
 CAVE HILL CAMPUS, P.O. BOX 64, BRIDGETOWN, BARBADOS



ACADEMY OF SPORT CAVE HILL

Telephone: 1 (246) 417-4855/4526/4856/4857/4545 | Fax: 1 (246) 438-9169 | Email: sports@cavehill.uwi.edu

MEDICAL WAIVER

I know that running/walking in a road race is a potentially hazardous activity. I should not enter and run/walk unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run/walk. I assume all risks associated with running/walking in the UWI/Sport Cave Hill 7k on November 11th 2012, including but not limited to falls, contact with other participants, the effects of the weather including extreme temperatures and/or humidity, traffic and conditions of the road, all risks being known and appreciated by me.

Having read this release and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf or on behalf of my estate, waive and release The University of The West Indies, Cave Hill Campus and the Academy of Sport Cave Hill and all sponsors of the race, any other persons assisting with the race, the officers, volunteers and their successors and assigns of each and every of the above from all claims or liabilities of any kind arising out of my participation in the run/walk even though the liability may arise out of negligence or carelessness on the part of the persons referred to in this waiver.

I also grant permission for the use of any photographs, motion pictures, recordings or any other record of my participation in this event for any legitimate purpose. I understand that if the race is cancelled because of circumstances beyond the control of the race committee and sponsors, including, but not limited to severe weather conditions or governmental ban, my entry fee will not be refunded.

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 Participant Name

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 Participant Signature (parent/guardian if under 18)

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 Date