

**Masters Mile  
Saturday, April 18<sup>th</sup>, 2015  
Lannigan Field**

**RELEASE & CONSENT**

**Track and Field Clinic AGREEMENT**

The Masters Mile is sponsored by the University of Virginia and directed by Coach Bryan Fetzer, and it may be held at the University of Virginia and use some of the University's facilities. Please read the following agreement carefully before signing. Although participation is encouraged, it is encouraged only if health and safety are considered.

**CERTIFICATION OF PHYSICAL FITNESS TO PARTICIPATE:**

1. I understand that a risk of participating in any sport, including this Masters Mile, is the risk of injury, including but not limited to serious permanent injury, paralysis, and death. To minimize the risk of injury, I agree to obey all safety rules and to report fully any problems related to my physical condition to the Track and Field Clinic coaches or assistants as soon as the problem begins.

2. By signing below, I certify the following:

--I am not currently under the care of a physician for an injury or illness that would prevent my safe participation in the track and field clinic;

--I am not currently being treated for or recovering from an orthopedic injury that would prevent my safe participation in the track and field clinic;

--I have no history of fainting or other problems related to strenuous exercise; and

--I am in good health and there is no reason I cannot safely participate in strenuous physical activity.

Participant Name (Please print) \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date: \_\_\_\_\_

**CONSENTS:**

1. By my signature below, I hereby give permission for this Masters Mile and its employees and agents to obtain medical treatment for myself, \_\_\_\_\_, in the event of accident or illness during my presence at the Masters Mile.

2. By my signature below, I hereby give consent to be photographed or video- or audio-taped during the Masters Mile activities, and I agree that the images so obtained may be used for educational and public relations purposes by the Masters Mile

Participant Signature \_\_\_\_\_ Date: \_\_\_\_\_

**RELEASE:**

1. In consideration into the Masters Mile, which uses University facilities, I do hereby agree that I am and shall be responsible for all costs associated with any injury or loss that may be sustained as a result of participation in the Masters Mile. I also certify that I have health insurance, which provides adequate coverage for injuries or illness I may sustain while participating in the Masters Mile.

2. By my signature below, I also agree to release and promise not to sue the Commonwealth of Virginia, the University of Virginia, or their employees or agents, for any damages, loss, injury, or death arising from participation in the Masters Mile, unless such damages, loss, injury or death are caused by the gross negligence or intentional misconduct of such employees or agents.

Participant Signature \_\_\_\_\_ Date: \_\_\_\_\_