# 2019 Des Moines Women's Half Marathon, 5K + Team Relay
# Packet Pick Up Authorization "Proxy" Form

To insure that all athletes participating in our event are covered under the umbrella of our USATF insurance policy we require that the following form be completed for all packets being picked up on behalf of another athlete. Your compliance with this process is required for participation in this event.

The person who is authorized to pick up the packet **must bring this completed form to the packet pick up location along with a copy (printed or digital) of the participants photo ID.**

Participant First Name: _____ Participant Last Name: _____

Name of person authorized to pick up race packet: _____

WAIVER

ALL PARTICIPANTS in DAM to DSM ARE REQUIRED TO ASSUME ALL RISK OF PARTICIPATION IN THE EVENTS BY SIGNING THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT: The undersigned athlete (Athlete) and on behalf of Athlete's personal representatives, assigns, heirs, and executors, fully and forever releases from all liability, including negligence, Rip Roar Events LLC, USATF, all municipal agencies whose property or personnel are used, all other sponsoring or co-sponsoring companies or individuals related to the Events, and their respective employees, agents, volunteers, representatives and affiliates (collectively the Releasees). Athlete and on Behalf of Athlete's personal representatives, assigns, heirs and executors waives the right to sue Releasees for all losses and damages that arise from any injury to Athlete or Athlete's property or resulting in Athlete's death in connection with the Athlete's participation in the Event including but not limited to losses or damage caused by the negligence of all or any of the Releasees, the negligence of others, weather conditions or otherwise, and also including any pre or post-race activities and any programs and/or giveaways conducted at the events and/or activities by a sponsor or other third party. The Athlete warrants that Athlete is in good physical condition and is able to safely participate in the Event. The Athlete is fully aware of the risks and hazards inherent in participating in the Event, including the possibility of serious physical trauma, injury or death, and elects to voluntarily compete in the Event knowing such risks. The Athlete agrees to the use of Athlete's name and photographs in broadcasts, newspapers, magazines, brochures, and other media without compensation. The Athlete acknowledges that the entry fee is nonrefundable and non-transferable. The Athlete acknowledges that Rip Roar Events LLC has the right to alter, change, cancel and/or postpone any of these events as a result of circumstances that would affect or impact the event which are beyond their control. The Athlete warrants that all statements made in this release agreement are true and correct and understands that Releasees have relied on them in allowing Athlete to participate in the Events. ATHLETE HAS READ THE FOREGOING, UNDERSTANDS ITS CONTENTS AND INTENTIONALLY AND VOLUNTARILY CERTIFIES COMPLIANCE BY ACCEPTING THIS WAIVER. I authorize the person named above as my duly authorized representative to pick up my race packet and / or material.

**IF ATHLETE IS UNDER AGE 18:** I am the parent or guardian of _____ and I certify that my son/daughter has my permission to participate in DAM to DSM.I have read and I understand the foregoing RELEASE AND WAIVER OF LIABILITY AGREEMENT (above) and by signing below intentionally and voluntarily agree to its terms and conditions and agree that its terms shall likewise bind me, my child, and our heirs legal representatives, and assignees. I further certify that my son/daughter is in good physical condition and is able to safely participate in the EVENTS. I hereby authorize medical treatment for him/her and grant access to my child's medical records as necessary.

_____ _____

**Participant Signature** **Date**

or Legal Guardian for participants under 18 years of age.