



Bib #: _____

Spring into Health 5K

Saturday, May 9, 2026, Rain or Shine.

Arrive between 7:45 and 8:15 for an 8:30 am start.

RELEASE OF LIABILITY & PERMISSION TO PHOTOGRAPH.

► **FORM REQUIRED FOR ALL RUNNERS, WALKERS & FUN RUN PARTICIPANTS** ◀

I understand that I may be exposed to a variety of hazards and risks, foreseen and unforeseen, during my participation in the Spring Into Health 5K Run in Townshend, VT, on Saturday, May 9, 2026. These risks are inherent in any 5K run and cannot be eliminated without destroying the unique character of such an event. These inherent risks include, but are not limited to, the dangers of serious personal injury, property damage, and death from exposure to hazards associated with running on paved and dirt roads. I know that injury and damage can occur from natural causes or from the activities of other persons, animals, participants, or organizers, whether due to negligence or other causes. The undersigned hereby consents to receive medical treatment which may be deemed advisable in the event of injury, accident, or illness during the Spring Into Health 5K Run. To the fullest extent allowed by law, I agree to Waive, Discharge Claims, and Release from Liability Grace Cottage Hospital, its officers, directors, employees, agents, and race volunteers from any and all liability on account of, in any way resulting from injuries and damages, even if caused by negligence of Grace Cottage Hospital, its officers, directors, employees, agents, and race volunteers. I further agree to Hold Harmless Grace Cottage Hospital, its officers, directors, employees, agents, and volunteers from any claims, damages, injuries, or losses caused by my own negligence while a participant in the Spring Into Health 5K Run. I understand that this assumption of risk and release is binding upon my heirs, executors, administrators, and assigns, and includes any minors accompanying me on the Spring Into Health 5K Run.

I recognize that Grace Cottage Hospital has the right to record the event through video and still photography of any and all participants. I voluntarily consent and agree that Grace Cottage Hospital may use, in whatever manner it deems appropriate, any images or photographs of me taken during this event.

Name (Please Print): _____ Age: _____

Signature: _____ Date: _____

Emergency Contact Name/Phone: _____

MINORS:

If you are under age 18, your parent or legal guardian must sign this agreement on your behalf.

I hereby agree and consent to the above Agreement on behalf of:

Name of Minor: _____ Age of Minor: _____

Printed Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____ Date: _____