

**2021 Trek de Tellico PARTICIPATION WAIVER RELEASE OF LIABILITY**  
**PLEASE READ BEFORE SIGNING**

In consideration of being allowed to participate in any way in the **Trek de Tellico** programs, '**Walk to Remember**', related events and activities

on October 9, 2021, I, \_\_\_\_\_, the undersigned, acknowledge, appreciate, and agree that:  
**PRINT FULL NAME**

1. The risk of injury from my participation in the Trek de Tellico programs, related events and activities is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the hereinafter mentioned RELEASEES immediately; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS the Rotary Club of Tellico Lake, the Tellico Lake Rotary Foundation, the First Baptist Church of Tellico Village, Our PLACE, its officers, its directors, officials, agents and/or employees, other participants; and other sponsoring agencies, sponsors and advertisers, ("RELEASES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law and that should I and/or my successors assert any claim in contravention of this agreement, I and/or my successors shall be liable for the expenses (including legal fees) incurred by the other party or parties in defending such claims.

5. I agree it is my sole responsibility to be familiar with the walking courses or hiking trails and all rules pertaining to walking on public roads or hiking trails. I accept responsibility for the condition and adequacy of any personal walking equipment I may use. I have no physical or medical condition which, to my knowledge, would endanger myself or others if I participate in any Trek de Tellico walking event, 'Walk to Remember', related event or would interfere with my ability to participate in any such events.

6. I authorize the RELEASEES to make and use, and to authorize others to make and use photographs, video recordings, and any other type of record of my participation in the events or related activities for any and all legitimate non-commercial use without remuneration.

**I HAVE 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.**

x \_\_\_\_\_ Age \_\_\_\_\_ Date Signed: \_\_\_\_\_

**PARTICIPANT'S SIGNATURE**

Address: \_\_\_\_\_ City-ST-Zip: \_\_\_\_\_

**Circle Walk:** 2-Mile 5k 2-Mile Hike 4-Mile Hike **Email:** \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Telephone Number: \_\_\_\_\_

**FOR PARENT/LEGAL GUARDIAN OF PARTICIPANTS OF MINORITY AGE**

This is to certify that I, as parent/legal guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the RELEASEES, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the RELEASEES from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Name of Minor: \_\_\_\_\_

Print Name of Parent/Legal Name of Guardian: \_\_\_\_\_

x \_\_\_\_\_ Date Signed: \_\_\_\_\_

**PARENT / LEGAL GUARDIAN SIGNATURE**

**For Additional Information: Phone 423-884-3369 or Email: [TdeT17@gmail.com](mailto:TdeT17@gmail.com)**