

FITZWILLIAM HISTORICAL SOCIETY / TROY HISTORICAL SOCIETY  
CHESHIRE RAIL TRAIL FUN RUN

October 5, 2024

Accident Waiver and Release of Liability

I acknowledge that this athletic event with it the potential for death, serious injury and property loss. The risks include, but are not limited to, bodily injury arising from physical activities associated with the event and the actions of other people including, but are not limited to, participants, volunteers, spectators, coaches, event officials, event monitors and/or producers of the event; possible dehydration, weather, and/or other natural conditions.

I hereby assume all risks associated with participation in this event.

I certify that I am physically fit, have sufficiently trained for participation in this event and have not been advised otherwise by a qualified medical person. I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by the Fitzwilliam Historical Society (FHS) and Troy Historical Society (THS), the Towns of Fitzwilliam, NH and Troy, NH, sponsors and/or all other persons associated with this event in which I may participate and it will govern my actions and responsibilities at the Cheshire Rail Trail Fun Run.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, release, and discharge from any and all liability for my death, disability personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: Fitzwilliam Historical Society (FHS) and Troy Historical Society (THS), the Towns of Fitzwilliam, NH and Troy, NH, sponsors and/or all persons associated with this event, and their directors, officers, employees, volunteers, representatives and agents, the event sponsors and event volunteers, (B) indemnify and hold harmless all entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of my actions during this event.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during this event and acknowledge understanding that I am responsible for any charges or financial obligations arising from such treatment.

I understand that at this event or related activities I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and/or assigns. This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under the applicable law.

I hereby certify that I have read this document and that I understand its content.

Print Name: \_\_\_\_\_ Age: \_\_\_\_\_

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