

**TOWN OF WEST HARTFORD – WEST HARTFORD PUBLIC LIBRARY**  
**ASSUMPTION OF RISK AND INDEMNITY FORM – “BOOK IT!” FUN RUN**  
*Sterling Track & Field, July 2024*

By affixing my signature below, I \_\_\_\_\_ hereby certify that I have read, understand and agree to the terms and conditions appearing below, and no representations have been made to me regarding this agreement:

1. I am voluntarily electing to participate in the sport of running. I understand that I should not begin or continue participating in any physical activity program without first consulting with a qualified physician.
2. I acknowledge and understand that there is an inherent risk in running. I understand that I should wear appropriate footwear and clothing for this activity and maintain proper hydration.
3. I acknowledge and understand that this risk includes, but is not limited to, dehydration, severe bodily injury from trips and falls, partial or total disability, paralysis, and death.
4. I hereby agree to hold the Town of West Hartford, its officials, officers, employees, contractors, agents and/or volunteers harmless from any personal injury including but not limited to: racing injuries, injuries from playing in a bounce house or being a spectator, paralysis, death, damages, property damage or wrongful death that may occur during my participation in any activities during “Book It!” whenever or however they occur.
5. I hereby agree to indemnify, defend and hold harmless the Town of West Hartford, its officials, officers, employees, contractors, agents and/or volunteers from any personal injury, including, but not limited to: damages, property damage, death, paralysis, or wrongful death arising from, but not limited to, actions or omissions of my own, other participants, staff, spectators and/or anyone directly or indirectly involved who may be present at or near the Sterling Track & Field.

I have affixed my signature freely and voluntarily below and understand that I have given up, to the greatest extent allowed by law, substantial rights by signing this document.

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Print Child’s Name D.O.B

\_\_\_\_\_ Date  
Parent Signature

\_\_\_\_\_  
Address (street, town, state, zip)

\_\_\_\_\_  
Cell Phone #