



PARTICIPANT WAIVER

*I voluntarily agree to participate in **HandsOn Santa Clarita's 5th Annual 5k/10k.***

I understand the acceptance of the waiver is required to participate in the event. I hereby waive, release, and hold harmless from any liability or claims for damages for personal injury, including death, as well as from claims for property damage which may arise in connection with the above-named activity, against the supervisor, HandsOn Santa Clarita and their elected and appointed officials, agents, employees and sponsors. I further understand that I am solely responsible for my health and safety, and I acknowledge that I am physically capable of participating in and completing this event. As parent/guardian, I hereby consent to treatment of my minor child for any and all medical procedures deemed necessary as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment.

I hereby give permission to HandsOn Santa Clarita, their contractors, agencies, and sponsors the use of mine, or my child's, name and likeness in connection with this event, for any purpose related to advertising or promotion of the event in perpetuity in all forms of media. I understand all photographs belong to the previously listed organizations and I will not receive payment of any kind.

I have carefully read this Waiver and Release and fully understand its contents. I am aware that this is a RELEASE OF LIABILITY and a contract between me and the persons and entities mentioned above and that I accept of my own free will.

If the participant is under 18 years of age at the time of registration, the participant's parent or legal guardian must completely review this Waiver and Release. The parent or legal guardian understands and consents to its terms, and authorizes the participation of the registrant by his/her acceptance below.

I am an adult (18 years or older): _____

Participant Name (PLEASE PRINT)

Date

Participant Signature

I am a minor: (17 years and under): _____

Parent/Guardian Name (PLEASE PRINT)

Date

Parent/Guardian Signature

WAIVER & RELEASE

I hereby state, acknowledge and agree as follows:

1. PARTICIPANT INFORMATION

Name (First, Middle Initial, Last): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-Mail: _____

2. MEDICAL RELEASE

A. I understand that by participating in the events sponsored by HandsOn Santa Clarita at Six Flags Magic Mountain (the "Park"), there is a possibility of injury, illness or death to me. I hereby authorize Six Flags Magic Mountain medical staff members to administer immediate treatment to me in the event of injury or illness.

B. I agree to follow all Park rules, regulations, and guidelines, including all safety and security rules. I understand and acknowledge and hereby, for myself, my heirs, executors and administrators, RELEASE, DISCHARGE, INDEMNIFY AND HOLD HARMLESS Magic Mountain LLC, and its parent companies, subsidiaries and affiliates, employees, officers, directors, agents, successors and assigns (collectively, the "Releasees"), from and against all losses, claims, damages, liabilities, costs or expenses (collectively, "Losses"), arising in whole or in part, directly or indirectly, from my participation in the HandsOn Santa Clarita event at Six Flags Magic Mountain including, but not limited to, any Losses caused or alleged to be caused in whole or in part by negligence of and Releasee. The foregoing release includes, without limitation, any and all liability, bodily injury, death, loss or damage to me or any third party arising in whole or in part, directly or indirectly, from such participation in the HandsOn Santa Clarita event at Six Flags Magic Mountain. I further covenant not to sue any of the Releasees with respect to any matter addressed by this release.

C. I understand that I am solely responsible for any and all medical bill and cost associated with any injury or illness that I may receive while participating in the HandsOn Santa Clarita event at Six Flags Magic Mountain or while on Six Flags Magic Mountain property. I also understand that I will not be compensated by Six Flags Magic Mountain for any lost wages/income as a result of any injury or illness I may sustain while participating in the HandsOn Santa Clarita event at Six Flags Magic Mountain or while on Six Flags Magic Mountain property.

3. PUBLICITY RELEASE

Except where prohibited by law, I hereby irrevocably grant Magic Mountain LLC and its parent companies, affiliates and subsidiaries, officers, directors, employees, agents, successors and assigns, the absolute right and permission to use photographs, videos or other visual images of me from my participation in the HandsOn Santa Clarita event at Six Flags Magic Mountain for promotional purposes in any matter or media whether now existing or hereafter created (including, without limitation, in publications and online), worldwide, in perpetuity, without notice to me and without limitation, condition, consideration, consent or compensation. I shall have no right of approval, no claim to any compensation, and no claim arising out of the use, alteration, distortion or illusionary effect or use in any composite form of any of the foregoing attributes of my identity.

I HAVE READ THIS RELEASE, UNDERSTAND THAT I HAVE GIVEN UP CERTAIN RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

I acknowledge and agree that I have read this waiver and release prior to its execution, and that I fully understand its contents.

(Participant Signature)

(Date)

(Guardian Name, if applicable)

Relationship to Participant

(Guardian Signature, if participant under 18 years of age)

Date

(Witness Signature)

Date