

**Release / Authorization Form**

Team Name: \_\_\_\_\_

Please have each runner on your team sign this form. Submit this form signed by all of the runners or signed by individual runners. Do whatever is convenient. So long as each runner has signed and we received the signed form(s).

In consideration of the acceptance of my entry and my participation in the Reno Tahoe Odyssey Relay Run Adventure (hereinafter referred to as "the Event"), I, for myself, my heirs, executors, administrators and assigns, do forever release, waive, discharge and give up any and all claims of any kind whatsoever, including but not limited to claims for personal injury, death, property damage, lost wages, medical expenses, attorney's fees, and any other types of losses, damages, and costs, against the Event owners, promoters, organizers, staff, volunteers, sponsors including but not limited to Under Armour and Scheels, vendors, the United States, the State of Nevada, State of California, Nevada Highway Patrol, Nevada Department of Transportation, California Highway Patrol, California Department of Transportation, County of Washoe, County of Sierra, County of Nevada, County of Placer, County of El Dorado, County of Douglas, County of Lyon, County of Storey, City of Reno, City of Sparks, City of South Lake Tahoe, Carson City, Virginia City, Town of Truckee, Town of Genoa, and the owners and lessees of property used for the Event, and each of their officers, directors, shareholders, employees, representatives, agents, contractors, subcontractors, subsidiaries, agencies and assigns, which may arise in connection with the Event, even if the party whom I am releasing caused any such loss, damage or cost to some degree. I understand that the Event is potentially hazardous. I acknowledge that I have read the Odyssey Safety Manifesto for the Event. I acknowledge that I should not participate unless I am able to do so and properly trained. I voluntarily assume all risks associated with participating in the Event, including but not limited to running on roads open to traffic without sidewalks or designated running lanes, running at nighttime on roads without street lights or other lighting, crossing roads, adverse weather conditions, encounters with wild animals, and no aid stations, and I hereby accept responsibility for any such loss, damage or cost that I may incur in relation to such risks. If I require any medical treatment or care from emergency response authorities, I agree that I will be responsible to pay for such treatment and care. I grant full permission to the Event owners to obtain photographs, videotapes, or any other recordings of this event and to use them for the purpose of promoting the Event or to conduct other related business. I understand that the course may be modified as deemed necessary by the Event owners, and that the Event may be cancelled as deemed necessary by the Event owners. I understand that the entry fee is non-refundable (unless the Event is cancelled in its entirety) and non-transferable.

_____ Signature	_____ Signature	_____ Signature	_____ Signature
_____ Printed Name	_____ Printed Name	_____ Printed Name	_____ Printed Name
_____ Date	_____ Date	_____ Date	_____ Date
_____ Signature	_____ Signature	_____ Signature	_____ Signature
_____ Printed Name	_____ Printed Name	_____ Printed Name	_____ Printed Name
_____ Date	_____ Date	_____ Date	_____ Date
_____ Signature	_____ Signature	_____ Signature	_____ Signature
_____ Printed Name	_____ Printed Name	_____ Printed Name	_____ Printed Name
_____ Date	_____ Date	_____ Date	_____ Date