**NYRR & RUNCZECH PARTNERSHIP**

**ENTRANT WAIVER, AUTHORIZATION AND RELEASE**

**Please note that participating in a marathon is an extremely strenuous activity. Entrants should seriously consider consulting their physicians before committing to participate in this Event.**

**WAIVER**: I know that participation in the TCS New York City Marathon and activities related thereto (collectively referred to as the “Event”) is a potentially hazardous activity. I agree not to enter and participate in the Event unless I am medically able and properly trained. I agree to abide by any decision of an Event official relative to my ability to safely complete the Event.

I am voluntarily entering and assume all risks associated with participating in the Event, including, but not limited to, falls; contact with other participants, spectators or others, or vehicular or other traffic; the effects of the weather, including heat and/or humidity, wind, cold temperature, and wet, icy or otherwise slippery surfaces; falling tree branches or other overhead objects; traffic; and the crowded nature and other conditions of the course, all such risks being known and appreciated by me.

Having read this Waiver and knowing these facts, and in consideration of your acceptance of my application for the Event, I, for myself and anyone entitled to act on my behalf, waive and release New York Road Entrants, Inc.; USATF and its constituent associations; the City of New York, its agencies, departments and officials; and all sponsors and officials of the Event (including, without limitation, TCS), and the employees, volunteers, including medical volunteers, and other representatives, agents, and successors of each of the foregoing (the “Releasees”), from all present and future claims and liabilities of any kind, known or unknown, arising out of my participation in the Event, even though such claim or liability may arise out of negligence or fault on the part of any of the Releasees.

Further, I understand and agree that NYRR reserves the right to change the details of (such as the date, start time, course, etc.) and amenities offered at the Events for any reason whatsoever and I hereby waive and release any claims that I may have as a result of any such changes to the details and/or amenities offered at the Events.

**AUTHORIZATION:** I grant to the Medical Director of the Events and his designees permission to administer or arrange for any medical assistance that they deem necessary or appropriate as a result of my participation in the Events, including without limitation, arranging transportation to a hospital of other medical facility. I also grant them access to my medical records and physicians, as well as other information, relating to medical care that may be administered to me at any such medical facility as a result of my participation in the Events.

**PUBLICITY RELEASE:** I grant permission to the Releasees to use or authorize others to use any photographs, motion pictures, video or sound recordings, or any other record of my participation in the Events, including my name, for any purpose without remuneration.

Entrant’s Signature

Entrant’s Full Name (Print):