I, _____, hereby acknowledge and agree to the terms and conditions set forth in this Liability Waiver (the “Waiver”) in consideration of my participation in the Deaf Kids Connect 5K, whether completed individually, virtually, or through an in-person group meetup organized by Deaf Kids Connect or its volunteers.

Release and Waiver of Liability:

I hereby release, discharge, and hold harmless Deaf Kids Connect, Silent Blessings Deaf Ministries, and their officers, directors, employees, volunteers, agents, and affiliates (collectively referred to as the “Released Parties”) from any and all liability, claims, demands, actions, or causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me during the course of my participation in the Deaf Kids Connect 5K. This release includes claims based on the negligence, action, or inaction of any of the Released Parties. I understand that I am participating voluntarily and assume all risks associated with physical activity and the environment in which I choose to complete the 5K.

Photography and Marketing Release:

I grant permission to Deaf Kids Connect and its representatives to take photographs and/or videos of me during any Deaf Kids Connect 5K-related activity. I authorize the use of these photographs and/or videos in any marketing or promotional materials, including but not limited to websites, social media, and printed publications, without further consent or compensation.

Minors:

If I am signing on behalf of a minor, I certify that I am the parent or legal guardian of the minor and have the authority to sign on their behalf. I understand that all terms of this Waiver also apply to the minor participant.

Entire Agreement:

I acknowledge that this Waiver constitutes the entire agreement between me and Deaf Kids Connect regarding my participation in the 5K and supersedes any prior oral or written agreements or representations.

Participant’s Name: _____

Participant / Guardian’s Signature: _____ **Date:** _____

Emergency Contact Information:

Name: _____

Phone: _____

DEAF KIDS CONNECT