**Ji4Life Participation Waiver and Release of Liability**

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Acknowledgment of Risk

By signing below, I acknowledge that participation in Ji4Life activities, including but not limited to training sessions, obstacle courses, races, and other physical events, involves inherent risks. These risks may include but are not limited to: physical injuries, illness, accidents, property damage, or other unforeseen incidents. I understand and accept that despite reasonable precautions, these risks cannot be completely eliminated.

Medical Information and Consent

I confirm that I have disclosed all relevant medical information, including diagnoses, allergies, medications, and required accommodations, to Ji4Life. I understand that Ji4Life staff and volunteers are not licensed medical professionals and may not administer medical care. In the event of an emergency, I consent to Ji4Life contacting emergency services or medical professionals as needed. I understand that I am responsible for any associated medical costs.

Assumption of Responsibility

I voluntarily assume all risks associated with my/my child’s participation in Ji4Life activities. I agree to hold Ji4Life, its staff, volunteers, sponsors, and affiliated organizations harmless from any and all liability, claims, or damages arising from participation, except in cases of gross negligence or willful misconduct.

Photo/Media Release

I grant Ji4Life permission to use photos, videos, or media of me/my child taken during activities for promotional, educational, or fundraising purposes. I understand I may revoke this consent in writing at any time.

Code of Conduct

I agree to abide by Ji4Life’s rules and policies and to conduct myself/my child in a manner that promotes safety, respect, and teamwork during all activities.

Release of Liability

I, for myself, my child, and our respective heirs, assigns, and personal representatives, fully release and discharge Ji4Life, its staff, volunteers, and affiliates from any and all claims, liabilities, or causes of action arising out of participation in Ji4Life activities.

Acknowledgment and Agreement

By signing below, I acknowledge that I have read and understand this waiver and release of liability. I am fully aware of the risks involved in participation. I voluntarily agree to its terms, which will remain in effect for all Ji4Life activities during the 2025 calendar year, unless I provide written notice of withdrawal.

Signature (Participant or Parent/Guardian): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_