



STRONGTOWN 5K Waiver & Release Form

I, _____ (print name), acknowledge that my participation in the STRONGTOWN 5K involves a risk of injury, including bodily injury, and assume the risk for same. I am participating in this event by my own free will. On my own behalf and on behalf of my heirs and legal representatives and to the fullest extent permitted by law, I hereby release and discharge GTS Physical Therapy and their respective directors, officers, employees, affiliates, members, agents and representatives, of and from any and all liability for injury, death, or damages and/or any other claims, demands, losses or damages, incurred by me in connection with any aspect of the 5k run and walk. If I am an employee of GTS Physical Therapy, I acknowledge that my participation in the STRONGTOWN 5K is completely voluntary and does not constitute part of my work-related duties. I understand that my decision to participate, or not participate, in this activity will not affect my job status.

Signature: _____

Signature of Parent: (under 18) _____

Date: _____ Please return completed waiver to GTS Physical Therapy at jacklin@gtsphysicaltherapy.com