In consideration of being allowed to participate in any way in the above referenced Zombie 5K Run/Walk event(s), related events (the "Event") and/or activities, I, the undersigned, acknowledge, covenant and agree that:

1. Zombie 5K Run/Walk may involve environments that might include extreme heat or cold. The Event will have volunteers dressed up as zombies throughout the course. The zombies will be attempting to "pull the flag" off the runner.

2. AFTER OPPORTUNITY TO FULLY INFORM MYSELF ABOUT THE EVENT, I KNOWINGLY AND FREELY ASSUME AND ACCEPT ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, and assume full responsibility and all risks for my participation in the Event;

3. I voluntarily agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual and/or significant hazard during my presence or participation, I will remove myself from participation and bring such hazard to the attention of the nearest official;

4. I, for myself and on behalf of my heirs, assigns, personal representatives and/or next of kin, forever WAIVE, RELEASE, DISCHARGE and COVENANT NOT TO SUE SHASTA WOMEN'S REFUGE, INC., d.b.a. "ONE SAFE PLACE", all event and photograph sponsors and advertisers; governmental bodies and/or municipal agencies whose property and/or personnel are used; and any and all parent, subsidiary or affiliate companies, licensees, officers, directors, partners, board members, supervisors, employees, contractors, insurers, agents, volunteers, equipment suppliers and representatives of any of the foregoing (collectively, the "Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, and/or loss or damage to person or property, incurred by me in connection with participation in the Event. I further agree to indemnify, defend and hold harmless Releasees from any loss, liability, cost, claim, or damages arising from my participation in or association with events and activities organized and sponsored by One Safe Place, or any person or organization which are in any way connected with the Event.

5. I attest and verify that, unless otherwise indicated below, I am over 18 years of age, am free from all illnesses, injuries and defects that could interfere with my safe participation in the Event and that I am physically fit and sufficiently trained to participate in all activities associated with the Event. My participation in activities and events organized or sponsored by One Safe Place is entirely voluntary.

6. I consent to administration of first aid and other medical treatment in the event of injury or illness and hereby release and indemnify Releasees from any and all liability or claims arising out of such treatment.

7. The Releasees reserve the right, in their sole and absolute discretion, to postpone, cancel or modify the event due to weather conditions, or other factors beyond the control of the Releasees that might affect the health and/or safety of the participants. No refunds will be granted.

8. I irrevocably grant unlimited permission to Releasees to use, reproduce, sell and distribute any and all photographs, images, videotapes, motion pictures, recordings, or any other depiction of any kind of me or of my participation in the Event or related activity for any legitimate purpose in perpetuity and I understand that I shall not be entitled to any compensation therefore.

9. I hereby irrevocably and absolutely grant permission to the Releasees to film, videotape and record gratis the performance of the above named participant (referred to herein as "I", "me", "my") in the Event and subsequently to televise, sell, distribute and otherwise utilize the same in whatever manner Releasees shall deem appropriate. Such permission shall include granting the unlimited and irrevocable right to Releasees, without compensation of any kind to me, to use, reproduce or broadcast, my name, nickname, image, likeness, voice, photograph, signature facsimile, and biographical information in connection with the Event without compensation of any kind to me. I acknowledge that Releasees and their representatives shall have the unlimited right throughout the world to copyright, use, reuse, publish, republish, broadcast and otherwise distribute depictions of or information about me and all or any portion of the Event in which I may appear on any and all radio, network cable and local television programs and in any print materials in any other format or media (including electronic media) now known or hereinafter devised in perpetuity and without compensation to me. In consideration and in return for being allowed to participate in the Event, I release and agree not to sue the Releasees from all present and future claims regarding my participation in the Events that may be made by me, my family, estate heirs, or assigns.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant Name (PRINT): __________________________

Signature __________________________________________ Date __________________

EMERGENCY CONTACT (required) Name __________________________ Phone: __________________

MINORS: IF UNDER 18 – SIGNATURE OF PARENT OR GUARDIAN (required)

The undersigned, ___________________________ hereby certifies, warrants and represents that I am the legal parent or guardian of ___________________________ , the signer of the above Release (the Participant), and that after fully informing myself regarding the nature and risks of the Event, I give my permission for Participant to participate in the same and by my signature below I fully ratify, accept, and agree to all of the terms of the above Release both for myself individually and as legal parent or guardian of the Participant.

Signature __________________________________________ Relationship to minor __________________________ Date __________________