SIGMAWOLF MINOR PARTICIPANT WAIVER AND RELEASE OF LIABILITY

Acknowledgment of Risks

I understand that participation in an endurance trail event such as a SIGMAWOLF race carries inherent risks, including but not limited to: uneven terrain, rocks, roots, wildlife encounters, weather changes, night running conditions, fatigue, dehydration, traffic hazards, collisions with other participants, and other risks that could cause serious injury, illness, or death. I understand that SIGMAWOLF takes participant safety seriously, has implemented rules and safety measures, and expects all minors and guardians to comply.

Release and Waiver of Liability

For myself, my child, and our heirs, I release, waive, and discharge the Event organizers, SIGMAWOLF LLC, race directors, officials, volunteers, sponsors, landowners, municipalities, and any affiliated parties from any and all claims, including those arising from the ordinary negligence of the Released Parties, but excluding claims resulting from gross negligence, reckless misconduct, or intentional acts.

Medical Treatment Consent

I consent to my child receiving emergency medical treatment deemed necessary during the Event and agree that I am solely responsible for all related costs.

Parental Responsibility and Supervision

I am responsible for ensuring my child is adequately trained, prepared, and physically able to participate. If the Event requires adult chaperone presence, I will comply with those requirements and any additional safety instructions.

Photography and Media Release

I grant SIGMAWOLF LLC and its partners full permission to use my child's name, image, likeness, and voice in any media for promotional or commercial purposes without compensation.

Texas Law and Severability

This waiver shall be governed by the laws of the State of Texas. If any provision is found unenforceable, the remaining provisions shall remain in full force and effect.

Minor Participant Name (Print):

Minor Date of Birth:

Parent/Guardian Name (Print):

Signature of Parent/Guardian:

Date:

Emergency Contact Name & Phone: