



## 5K Run and Walk, Waiver & Release Form

I, \_\_\_\_\_ (print name), acknowledge that my participation in the 5k Fun Run and Walk involves a risk of injury, including bodily injury, and assume the risk for same. 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 Experian<sup>®</sup> Health and Passport Health Communications 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 Experian<sup>®</sup> Health or Passport Health Communications, I acknowledge that my participation in the 5K Fun Run and Walk 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: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_  
(If under 18)

Please return completed waiver to Experian Health at [experianhealth@experian.com](mailto:experianhealth@experian.com).