**DOE Mile Walk/Run Registration Form and Waiver**

I, the undersigned employee, have agreed to participate in the Department of Energy Mile (the “Event”) on ***May 10th, 2023*** at Ames National Laboratory, a Department of Energy National Laboratory operated by Iowa State University pursuant to Contract No. DE-AC02-07CH11358 on the Iowa State University campus. In consideration of my participation in the Event, I understand and agree that:

1. My participation in the Event is completely voluntary and that Ames National Laboratory reserves the right to deny my participation in the event at its sole discretion.
2. My participation in the Event is at my own risk. I acknowledge there are inherent risks of serious injury to me while participating in the Event and I recognize that every exercise activity has a certain degree of risk that I may be injured.
3. I will abide by all of its rules, policies, and procedures applicable to the Event.
4. I am in good health and have no mental or physical condition or symptoms that could interfere with my safety or the safety of others while participating in the Event.
5. I, alone, am responsible in determining whether I am physically and mentally fit to participate in the Event and exercise activities at Ames National Laboratory and that I am not relying on any advice from Ames National Laboratory or Iowa State University in this regard.
6. To the extent I have any questions or need any information about my physical or mental condition or limitations, I agree to seek professional advice from a qualified physician prior to my participation in the Event.

**THEREFORE**, by participating in Ames National Laboratory fitness activities including the Event offered by the Ames National Laboratory, it is my agreement that:

1. ASSUMPTION OF RISK: I knowingly and voluntarily ASSUME ANY AND ALL RISK of injuries, regardless of severity, which may occur as a result of my participation in the Event provided by Ames National Laboratory.
2. RELEASE OF LIABILITY: I hereby RELEASE FROM LIABILITY and HOLD HARMLESS, the Ames National Laboratory; the United States of America; the State of Iowa; the Board of Regents, State of Iowa; Iowa State University and all of their respective departments; officers, employees, and agents (hereinafter referred to as RELEASEES), for any and all liability, claim and/or cause of action arising out of or related to any loss, damage or injury, including death, that may be sustained by me, or to my property resulting, in whole or in part, from my participation in the Event. I agree that this Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES.
3. GOVERNING LAW: I agree that this Agreement shall be construed in accordance with the laws of the State of Iowa.
4. MEDICAL TREATMENT PERMISSION: If an injury or other medical condition does occur during the Event, I HEREBY GIVE PERMISSION to an Ames National Laboratory or Iowa State University representative to provide routine first aid and to seek emergency treatment including X-rays or routine tests. I agree to the disclosure of any record necessary for treatment, referral, billing or insurance purposes. I understand that I am financially responsible for any charges of the attending physicians or health care provider. In the event of an emergency where I cannot decide for myself, I give permission to the physician or hospital where I am transported to secure and administer treatment for me, including hospitalization.
5. HEALTH INSURANCE: I certify that I have adequate health insurance to cover any injury or damages that I may suffer while using the exercise space provided pursuant to this Agreement or alternatively, agree to pay all costs associated with any such injury or damages to myself.

**BY SIGNING THIS ASSUMPTION OF RISK AND RELEASE OF LIABILITY AGREEMENT, I STATE THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, I HAVE READ THIS AGREEMENT. HAVE HAD THE OPPORTUNITY TO CONSULT WITH AN ATTORNEY REGARDING THE AGREEMENT AND UNDERSTAND THE RISKS ASSOCIATED WITH VOLUNTARILY PARTICIPATING IN THE EVENT.**

**I have read this Waiver and Release and understand it, have had an opportunity to consult with an attorney about it, and I AGREE TO BE BOUND BY ITS TERMS.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print: Date:**

**Emergency Contact:**

**Contact Phone number:**