

**DALLAS COUNTY COMMUNITY COLLEGE DISTRICT/BROOKHAVEN COLLEGE**  
**Acknowledgment of Risks and Rules Attached to 5K Run/Walk**  
**Spooky Trot**  
**Form for Minors**

**Description of 5K Run/Walk (“Program”):** Participants will participate in a 5K Run/Walk and they may be dressed in Halloween costumes. This event serves to kick off Brookhaven’s Food Pantry. Participants are encouraged to donate non-perishable cans of food. Participation is open to Brookhaven College students and employees, Brookhaven Early College High School students, and members of the community. Participants will be engaged in activities that include, but are not limited to running, walking, warming up, cooling down and other activities related to a 5K Run/Walk (“Activities”). Weather permitting, activities will be conducted outside on Brookhaven’s jogging trail. If there are adverse weather conditions on the day of this event, it will be rescheduled for Friday, November 1. If adverse weather conditions develop while the Activities are in progress, the Activities will resume and finish indoors in Brookhaven’s gymnasium.

**Dates of Participation:** Friday, October 25, 2019, beginning at 8 a.m. and ending at 9:30 a.m., weather permitting. If there is inclement weather on this day, this event will be rescheduled for Friday, November 2, with the same beginning and ending times.

**Participant’s Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Parent / Guardian Name:** \_\_\_\_\_

I (we), the undersigned parent(s) or legal guardian(s) of \_\_\_\_\_ (hereinafter referred to as (“**Child**”)) am who is under eighteen years of age and am fully competent to sign this Agreement. I give permission for **Child** to participate in these Activities.

For and in consideration of the privilege of **Child** participating in the Activities and in recognition that such participation involves certain inherent dangers. I understand that all of the Activities may take place outdoors or indoors, if necessary, and on the campus of Brookhaven College. I also understand that the Activities may be conducted on the stadium track, grass surfaces, dirt or mud, paved or unpaved surfaces and unimproved areas. I (we) do hereby agree to assume the risks in such participation, to include but not be limited to, animals, domesticated and wild, insects, snakes and other reptiles, broken glass, tree limbs, overgrowth, poisonous plants, motorized and non-motorized vehicles, exposure to extremes of weather such as cold and heat, rain, or drought in an outdoor environment throughout the duration of this Program; heat related illnesses, include but are not limited to heat exposure, dehydration, sun burn, hyperthermia, heat rash, heat edema, heat exhaustion, heat syncope, heat stroke, heat tetany and fatigue; contact or contraction of a communicable disease, e.g., Hepatitis, HIV, influenza, etc.; stress-related conditions associated with contact; possibility of physical injury, and/or personal injury and even death.

I (we) fully acknowledge that I am solely responsible for any injury, loss, or damage to property, to my **Child** and to that I cause to others. I fully recognize and agree that the DCCCD cannot and will not be held responsible in any way for my **Child’s** safety, my **Child’s** needs, or my **Child’s** well-being, during any period which my **Child** is not directly participating in this Program and under the direct supervision of supervisory personnel of DCCCD.

I acknowledge that the DCCCD is not responsible for providing health insurance and is not obligated to pay medical expenses related to injuries or illnesses that may arise from participation in these Activities.

I (we) hereby represent that my **Child** I will obey and uphold all the rules and requirements established by the DCCCD, observe all Activity schedules and follow all directives given to my **Child** by supervisory personnel in all matters pertaining to such these Activities.

I grant to the DCCCD the right to terminate my **Child’s** participation in the Program if it is determined that my **Child’s** conduct is detrimental to or in conflict with the Program or out of harmony with the best interests of the group as a whole. If a student, I (we) further realize that if my **Child** violates any of these rules or regulations, my **Child** may be subject to disciplinary measures.

I (we) understand and acknowledge that a very important rule of this Program is that the illegal use or possession of alcohol or drugs as defined by the law during participation in this Program is strictly forbidden.

I have read the foregoing and understand its terms, and I freely agree to all the provisions set forth therein.

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Signature of Parent or Legal Guardian

Date