



Color Run

Participant Waiver and Release of Liability

Event Name: **Indiafest** Colour Run

Event Date: February 7, 2027

Location: 5625 Holy Trinity Dr, Melbourne, FL 32940

1. Acknowledgment of Risks

I, the undersigned, wish to participate in the **Indiafest** Colour Run event (hereinafter referred to as the "Event"). I acknowledge and understand that participating in the Event involves physical activity and may present risks, including but not limited to the risk of injury, accidents, health complications, weather related and/or self-negligence events on the course, and even death. I understand that I will be sprayed with cornstarch-based colors. I voluntarily assume all risks associated with my participation in the Event.

2. Medical Clearance and Fitness

I represent that I am in good health and physically fit to participate in the Event. I have consulted with my physician or healthcare provider, if necessary, and I have received medical clearance to participate in this physical activity. I agree to immediately withdraw from the Event if I feel any discomfort, pain, or other symptoms during the event. No insurance is provided from **Indiafest** or its sponsors.

3. Release and Waiver of Liability

I hereby release, waive, discharge, and covenant not to sue the event organizers, sponsors, volunteers, and all other parties involved in the planning, organization, and execution of the Event (hereinafter referred to as "Releasees") from any and all claims, liabilities, costs, expenses, and damages arising out of, or in connection with my participation in the Event, including any injury, accident, or death that may occur, whether caused by the negligence of the Releasees or otherwise. Event organizers will not be liable for any lost or stolen personal items of participants.

4. Indemnification

I agree to indemnify and hold harmless the Releasees from any claims, demands, or actions arising out of or in connection with my participation in the Event, including but not limited to any injury, accident, or death that may occur. This indemnification includes, without limitation, attorney's fees and any costs incurred by the Releasees in defending against such claims.

5. Emergency Medical Treatment

I consent to receiving medical treatment in the event of an injury, accident, or medical emergency during my participation in the Event. I understand that the costs of any such treatment will be my responsibility. Release extends to any liability arising out of, or in any way connected with, the medical treatment and transportation provided in the event of an emergency.

6. Consent to Use of Likeness

I grant permission to the Event organizers to use photographs, video recordings, or any other media that include my likeness or image taken during the Event for promotional, advertising, or other purposes related to the Event, without compensation or further consent.

7. Compliance with Rules

I agree to follow all rules and instructions provided by the Event organizers and volunteers. I understand that failure to do so may result in disqualification from the Event. Indiafest is not responsible for any lost or damaged items.

8. Acknowledgment of Understanding

I have carefully read this Participant Waiver and Release of Liability, and I fully understand its contents. I understand that some of the course may go through water, colored corn starch or mud, which has not been tested for chemicals or diseases. I am aware that by signing this document, I am waiving certain legal rights, including the right to sue. I voluntarily agree to participate in the Event and accept all risks associated with it.

Participant's Full Name (Printed):

Parent/Guardian Name (in case of minor):

Participant's Signature (Parent or Guardian signature in case of minor):

Date:
