

# Signed Waivers

## Participant Information

**Name:** Shashikanth Bhat  
**Email:** catchshashibhat@gmail.com  
**Address:** 34824 Dorado Common, Fremont, California, 94555, United States  
**Confirmation Number:** GMPSG

## Event Information

**Event Name:** Star City San Bruno Mountain Half Marathon  
**Event Date:** October 04, 2025  
**Event Location:** Brisbane, California, United States  
**Sub-Event:** 5K

## Signed Waiver Terms

### Movemint Waiver

In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all rights and claims for damages or injuries that I may have against the Event Director, Movemint, and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

I know that participating in an event is a potentially hazardous activity. I should not enter unless I am medically able to do so and properly trained. I assume all risks associated with participating in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typically found in participating in this type of event. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the event. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition.

In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization.

As it applies to my participation in this race, I agree to abide by the Center for Disease Control (CDC)'s recommendations for the prevention of the spread of COVID-19 and attest to having read the CDC's guidance at:

<https://www.cdc.gov/>. I also agree to abide by any COVID-19 distancing and other safety guidelines issued by the state, the community or by this race for my participation in this race.

Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes.

This event follows the standard athletic event industry policy: All entry fees are non-refundable. We reserve the right to postpone or cancel the event due to circumstances beyond our control such as a natural disaster or emergency or as required to protect the safety of participants and staff. No refunds will be issued under these circumstances. We reserve the right to change the details of the event without prior notice. I understand that my entry fee is nonrefundable and bib numbers are non transferable.

By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver including the no refund policy.

### **Signature Confirmation**

**Participant Name:** Shashikanth Bhat

**Waiver:** Movemint Waiver

**Date Signed:** September 07, 2025 at 10:55 PM UTC

## Event Waiver

I, the undersigned, intending to be legally bound for myself, my heirs, my executors, and administrators, waive and release rights and claims for damages I may have against Excelsior Running Club, USATF, and any of the sponsors, volunteers, officials, and organizers associated with this race and their heirs, representatives, successors, and assigns for injuries suffered by me in this event. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event and my physical condition has been recently verified by a licensed physician. Further, I hereby grant full permission to any and all of the foregoing to use photographs, videotapes, motion pictures and recordings of me or any other record of this event for legitimate purposes. Entry form is invalid unless signed by entrant.

I understand that my name, photograph, voice or likeness may be used by the Excelsior Running Club, their licensees, affiliates and employees, as well as their race photographer. I consent to and authorize, in advance, such use and waive any rights of privacy and/or publicity I may have in connection therewith.

## Signature Confirmation

**Participant Name:** Shashikanth Bhat  
**Waiver:** Event Waiver  
**Date Signed:** September 07, 2025 at 10:55 PM UTC

*This document certifies that Shashikanth Bhat has digitally signed the following waiver agreement(s) for Star City San Bruno Mountain Half Marathon: Movemint Waiver, Event Waiver.*

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