



DCCCO Youth Zone Laboratory Cooperative

FUN RUN WAIVER AND RELEASE OF LIABILITY WITH PARENTAL CONSENT

Event Title : DYZLC: Color Splash Run 2025 Date of Event : November 30, 2025
Location : Fronting DCCCO Dumaguete Branch Building, Sta. Rosa Street, Poblacion 2, Dumaguete City
Organizers : DCCCO Multipurpose Cooperative & DCCCO Youth Zone Laboratory Cooperative

Participant's Information

Participant's Name: _____ Age: _____ Date of Birth: _____
Parent/Guardian's Name: _____
Home Address: _____
Contact Number: _____ Email address: _____

WAIVER AND RELEASE OF LIABILITY

I, _____ (Parent/Guardian), acknowledge and agree that:

1. Participation in the DYZLC: Color Splash Run 2025 involves physical activity that carries the risk of injury, accident, illness, or other unforeseen events.
2. I voluntarily assume all risks associated with my/my child's participation in this event.
3. I release, waive, and discharge DCCCO and DYZLC, its officers, employees, volunteers, sponsors, and event partners from any and all liability, claims, or causes of action arising out of participation in this activity, including those resulting from negligence.
4. I agree to cover any reasonable costs or expenses (including lawyer's fees) that DCCCO Multipurpose Cooperative, its officers, or representatives may face if a claim is made against them because of my participation, unless the claim is due to DCCCO's own negligence.
5. I understand that medical assistance may not always be immediately available during the event, but in case of emergency, I consent to such treatment as deemed necessary by qualified medical personnel.
6. I understand that photos, videos, or recordings may be taken during the event and hereby grant DCCCO the right to use these for documentation, publicity, and promotional purposes without compensation.

PARENTAL CONSENT

I, _____, parent/legal guardian of the participant named above, hereby give my full consent and approval for my child to participate in the DYZLC: Color Splash Run 2025. I certify that my child is physically fit to join and has no health condition that would prevent safe participation.

I acknowledge that I have read and understood this Waiver and Release of Liability and agree to its terms on behalf of my child.

Signature over Printed Name of the Parent/Guardian

Date Accomplished: _____

Signature over Printed Name of the Participant

Date Accomplished: _____

Emergency Contact Person: _____

Contact Number: _____