

# TULLY TRAIL CHALLENGE

## Participant Waiver, Assumption of Risk & Release of Liability

**Event Date:** Saturday, June 13, 2026

**Rain Date (if needed):** Sunday, June 14, 2026

**Organizer:** Luna Fitness & Wellness

**Event:** Tully Trail Challenge

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## PARTICIPANT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

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## ACKNOWLEDGEMENT OF RISK

I understand that participation in the Tully Trail Challenge involves physical activity, including hiking long distances over uneven and potentially hazardous terrain.

I understand that risks associated with participation may include, but are not limited to:

- Falls, slips, trips, or collisions
- Muscle strains, sprains, or other injuries

- Fatigue, dehydration, heat illness, or exhaustion
- Exposure to changing weather conditions
- Wildlife, insects, or natural hazards
- Uneven, steep, muddy, rocky, or technical terrain
- Limited access to emergency medical services in remote areas
- Navigation or trail-related hazards

I understand that this is a self-paced hiking challenge and not a guided hike or professionally supported race event.

I acknowledge that I am voluntarily participating in this activity and assume full responsibility for any risks, injuries, damages, or losses that may occur.

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## **PARTICIPANT RESPONSIBILITY**

I acknowledge and agree that:

- I am physically capable of participating in this event.
  - I am responsible for monitoring my own physical condition throughout the event.
  - I will carry appropriate water, food, clothing, and gear for the hike.
  - I will make safe and responsible decisions during participation.
  - I may stop or discontinue participation at any time if I feel unable to continue safely.
  - I understand that volunteer checkpoints and water/snack stations are supplemental support only.
  - I understand that trail conditions and weather may change unexpectedly.
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## **MEDICAL AUTHORIZATION**

In the event of illness, injury, or emergency, I authorize event organizers and emergency personnel to secure medical treatment on my behalf if necessary.

I understand that I am financially responsible for any medical care or emergency services provided.

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## **RELEASE OF LIABILITY**

In consideration of being permitted to participate in the Tully Trail Challenge, I, on behalf of myself, my heirs, executors, administrators, and assigns, hereby release, waive, discharge, and hold harmless:

- Luna Fitness & Wellness
- Heidi Shortis
- Mount Grace Land Conservation Trust
- The Trustees of Reservations
- U.S. Army Corps of Engineers
- The Town of Royalston
- Event volunteers
- Sponsors, partners, property owners, and affiliates

from any and all liability, claims, demands, actions, or causes of action arising out of or related to any loss, injury, illness, damage, or death that may occur as a result of my participation in the event, whether caused by negligence or otherwise, to the fullest extent permitted by law.

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## **PHOTO / MEDIA RELEASE**

I grant permission for photographs or video taken during the event to be used by Luna Fitness & Wellness and event partners for promotional, educational, or social media purposes.

Initial if you DO NOT wish to be photographed: \_\_\_\_\_

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## **WEATHER / EVENT CHANGES**

I understand that event organizers reserve the right to modify, postpone, reroute, or cancel the event due to unsafe weather conditions, trail conditions, emergencies, or other unforeseen circumstances.

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## **ACKNOWLEDGEMENT**

By signing below, I acknowledge that:

- I have carefully read this waiver and fully understand its contents.

- I understand that I am giving up certain legal rights.
- I sign this agreement voluntarily and of my own free will.

Participant Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

If participant is under 18 years of age:

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

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_