



September 25, 2014 • Cosmo-Bethel Park

REGISTRATION FORM

Join us for our second-annual walk/run/wheel event at the annual BCFR picnic September 25 at Bethel Park and hosted by Elks Lodge 594. We plan to have the Fun Run in Bethel Park on a path around the Cosmo-Bethel Lake. The picnic begins at 5 p.m. the race will begin at 6 p.m.

It is open to everyone of all abilities. That means you can participate in the event whether you run, or whether you walk, or whether you wheel to the finish line. It does not matter. We just want you to come and do it and have fun! Go as far as you want and as fast as you want.

Register below by filling out the form. You must complete a form for each person that wants to participate. There is no cost to participate.

First Name _____

Last Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Birthdate _____ Gender _____

Circle your t-shirt size below.

Adult size:	SM	MED	LRG	XL
Youth size:	SM	MED	LRG	XL

Flip this sheet over and read and sign the ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT.

Every participant **MUST** sign this form in order to join the event.

ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT

PLEASE READ THE FOLLOWING CAREFULLY AND IF YOU HAVE ANY QUESTIONS, PLEASE ASK THEM BEFORE SIGNING THIS DOCUMENT.

In consideration of participating in Boone County Family Resources (BCFR) 5k Walk/Run/Wheel on September 25, 2014, I state that I understand the nature of this event and that I am in proper physical condition to participate in such activity. I acknowledge that if I believe that conditions are unsafe, I will immediately discontinue participation in the activity. I willingly and voluntarily agree to the following, or, if applicable, as guardian of the participant, I voluntarily execute this Agreement on behalf of my ward and agree to the following:

Assumption of Risk: I understand that this activity I may participate in may be dangerous or have risks. These risks may include serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place or other risks not know to me or not readily foreseeable at this time. I assume full and sole responsibility for any injuries, costs, and/or damages I incur as a result of my participation in this activity.

Medical Condition: I declare that I am physically capable of participating in this activity.

Waiver, Release, and Indemnification: I release, waive, discharge and hold harmless Boone County Family Resources and its directors, employees, volunteers, agents, other participants, sponsors, including the Elks, and the owners of premises on which the activity takes place from any and all liability, claims, demands, action or causes of action arising out of or related to any loss, destruction, damage or injury, including death, that may be sustained by me, or any personal property belonging to me, which may result from participation in this activity. I understand that this Agreement also binds my spouse, heirs, executors, administrators, and assigns.

Photographic Release: I give BCFR the right, ownership and interest in any and all photographs, images, video or audio recording of me or my voice made by BCFR in connection with my participation, which may be used in newsletters, brochures, or presentations to community and civic groups or organizations.

Other: As a participant, I agree that this Agreement is intended to be broad and inclusive to the extent permitted by the law of the State of Missouri. I agree that in the event that any clause or provision of this Agreement is deemed invalid, the enforceability of the remaining provision will not be affected.

I have read this Assumption of Risk, Release and Waiver of Liability, and Indemnity Agreement, and fully understand its terms. I acknowledge that I am signing this Agreement voluntarily and in doing so I have given up substantial rights. I have signed it without any inducement and I intend by my signature for this to be a complete and unconditional release of all liability.

Signed on this _____ day of _____, 2014.

Signature of Participant

Date

Signature of Parent if child under 18 years/Guardian of Participant

Date

Relationship to Participant