

Please Read Waiver & Release when registering on-line through Pay Pal
Also, this form may be printed out as hard copy and mailed OR brought on race day.

(If using a Hard Copy, Pre-Registration complete only when this form received by FOH 5K Committee
If form brought on race day, participant is NOT considered "Pre-Registered")

Festival of Hope Entry Form for 5K Run and 5K Walk and Children's Fun Runs

PRINT Name _____ Telephone _____
Address _____ Cell # _____
City _____ State _____ Zip _____
E-Mail Address _____

Event: 5K Run (\$15.00) 5K Walk (\$15.00) Children's Fun Run (\$5.00) (CIRCLE ONE)

Gender for 5 K Run: Male Female **Age for Fun Run:** 5 & under OR 6 to 10 (CIRCLE ONE)

Age Division for 5K Run: 19 & under 20-29 30-39 40-49 50-59 60 & over (CIRCLE ONE)

T-shirt Size: Youth Sizes: Sm Med Lrg Adult Sizes: Sm Med Lrg XL XXL XXXL (CIRCLE ONE)

WAIVER AND RELEASE:

AS A CONDITION OF PARTICIPATING IN THE FESTIVAL OF HOPE 5K RUN/WALK AND CHILDREN'S FUN RUN (the "Event"), I AGREE AS FOLLOWS:

I am entering the Event at my own risk, and I hereby voluntarily assume any and all responsibility for injuries I may incur as a direct or indirect result of participating. I know that running or walking a road race is a potentially hazardous activity, which could cause injury or death, and I am solely responsible for my personal health, safety and personal property. I am medically able to participate in the Event. I will abide by any decision of an Event official relative to any aspect of my participation in the Event, including the right of any official to deny or suspend my participation for any reason whatsoever. I assume all risks associated with running/walking in the Event including, but not limited to: falls, contact with other participants and their equipment/accessories, traffic which cannot be stopped, the effects of the weather, including high heat and/or humidity the conditions of the road (which contains gravel, possibly pot holes and similar hazards), all such risks being known and appreciated by me. I understand that bicycles, tricycles, skateboards, scooters, roller skates, roller blades, wagons, or such items and animals/pets are not allowed in the Event. Handicapped accessible devices and strollers are allowed.

In consideration of acceptance of my entry and my participation in the Event, I **hereby irrevocably release and hold harmless, covenant not to sue and waive all claims against Festival of Hope and all Event Sponsors, Scotts Bluff County Fair, City of Mitchell, County of Scotts Bluff, their respective volunteers, representatives, board members, directors, employees, successors and all other persons or entities associated with the Event for any injury or damages I might suffer arising from or in any way connected with my participation in the Event.** This release applies to any and all loss, liability, claim and expenses, I may have arising out of my participation including, but not limited to, death, personal injury or damage suffered by me or others, whether such losses, liabilities or claims be caused by falls, contact with and/or the actions of other participants, contact with fixed or non-fixed objects, contact with animals, the conditions of the Event premises and course, negligence of the releasees, risks not known to me or not foreseeable at this time or otherwise.

I consent and agree that the Festival of Hope and any sponsor of the Event may use, for publicity or promotional purposes, my name, picture, video, recordings or any other record or image of the Event of me participating in the Event without liability or obligation to me.

I agree that any and all representations made and my release and waiver herein are given on behalf of me and any and all of my minor children or persons over whom I have guardianship participating in or attending the Event. I declare that I have read this document and the rules of the Event and agree to abide by them. I have had the opportunity to ask questions and to seek outside advice concerning the advisability of participating in the Event and signing this document

Signature of participant **OR** parent/guardian if participant is under 18
Date

Are you a Cancer Survivor? _____ If yes would you like your t-shirt to be a "Cancer Survivor" T-shirt? _____

**Make checks payable to Festival of Hope
and mail entry form and fee to:**

Festival of Hope P.O. Box 377
Scottsbluff, NE 69363 C/O 5K Run/Walk – Vicki

I For use at Event - PRINT NAME (for 5K Raffle Only):

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