



FUN RUN & FAMILY WALK

Saturday, September 8th 9:00AM -- route begins in Forest Hill

Registration Form/ Participant Information:

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Alt. Phone _____

Email _____

Gender: ☐ Male ☐ Female Birth date: _____ Age: _____

RELEASE & WAIVER OF LIABILITY

I SHALL INDEMNIFY, HOLD HARMLESS, PROTECT AND DEFEND THE CITY OF FOREST HILL, THE CITY OF EVERMAN, ITS OFFICERS, EMPLOYEES, AGENTS, REPRESENTATIVES, AND SPONSORS, AGAINST ANY AND ALL CLAIMS, LOSSES, LIABILITIES, DAMAGES, COSTS, AND EXPENSES, INCLUDING REASONABLE ATTORNEY'S FEES AND EXPENSES, THAT OCCUR OR ARE ALLEGED TO HAVE OCCURRED IN WHOLE OR IN PART AS A RESULT OF MY NEGLIGENCE OR FAULT IN THE PARTICIPATION OF THIS EVENT, WHETHER SUCH CLAIMS, LOSSES, LIABILITIES, DAMAGES, COSTS AND EXPENSES ARE CAUSED IN PART BY AN INDIVIDUAL OR ENTITY INDEMNIFIED UNDER THIS AGREEMENT. I FURTHER WAIVE ANY AND ALL CLAIMS AGAINST THE CITY OF FOREST HILL AND THE CITY OF EVERMAN, IT'S AGENTS, EMPLOYEES, AND/ OR VOLUNTEERS, AGAINST ALL FINES, SUITS, CLAIMS, DEMANDS AND CAUSES OF ACTION OF ANY KIND, INCLUDING BUT NOT LIMITED TO ANY CLAIMS FOR BODILY INJURIES (INCLUDING DEATH AT ANYTIME RESULTING THEREFROM) SUSTAINED BY ME, OR FOR DAMAGE TO PROPERTY, INCLUDING LOSS OF USE THEREOF ARISING OUT OF MY NEGLIGENCE OR PERFORMANCE IN THE EVENT. I HAVE NO MEDICAL OR PHYSICAL CONDITION THAT WILL LIMIT MY PERFORMANCE IN PARTICIPATING IN THIS EVENT. I UNDERSTAND AND ACKNOWLEDGE THAT I AM NOT ACTING AS AN EMPLOYEE, AGENT, SERVANT, REPRESENTATIVE OR IN ANY OTHER CAPACITY AFFILIATED WITH THE CITY OF FOREST HILL OR THE CITY OF EVERMAN. I GRANT FULL PERMISSION FOR ORGANIZERS TO USE PHOTOGRAPHS OR VIDEOTAPE OF ME AND QUOTATIONS FROM ME IN LEGITIMATE ACCOUNTS AND PROMOTIONS OF THIS EVENT.

☐ initial here- I agree to the above Release & Waiver of Liability

☐ initial here- I agree that I am 18 years of age or older

☐ initial here- I agree that I am registering a child (named above) and will be running or walking with him/her in this event and agree to the above Release & Waiver of Liability on my child's behalf

Parent/ Guardian Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Alt. Phone _____

Email _____

Gender: ☐ Male ☐ Female Birth date: _____ Age: _____

Completed form must be returned to: 6800 Forest Hill Drive, Forest Hill

For the safety of everyone involved, pets, bikes, skateboards, roller blades, strollers or the consumption of alcohol will NOT be allowed on the running or walking routes. For information, call 817-568-3010.