

**Echo Hills G.C. 5 K Walk/Run
November 11, 2017 9:00AM
REGISTRATION FORM**

ADULT PARTICIPANT or PARENT/GUARDIAN OF PARTICIPANT

First Name _____ Last Name _____ MI _____
Address _____
City _____ State _____ Zip _____
Email Address _____
Home Phone _____ Cell _____ Work _____
Emergency Contact _____ Phone _____

PARTICIPANT **Shirt Size** _____

Name _____
Special assistance needed? Y/N

Entry Fee \$25
Make check payable to: Wounded Warriors Project

AGREEMENT TO INDEMNIFY, AND NOT SUE, THE CITY OF PIQUA AND RELEASE OF ALL CLAIMS

As a participant in Echo Hills 5 K walk/run, I, for myself or the participant for whom I sign (if under 18 years of age), recognize and acknowledge that I/we may be exposed to a variety of risks and I/we agree to assume all such risks, including but not limited to, any damage resulting from physical injuries, death, loss of services or consortium, loss or damage to property, or any other loss or injury I/we may sustain as a result of participating in any and all activities connected or associated with such programs. I acknowledge that I/we have no physical limitations, or disabilities of any kind which would restrict me/us from participating. Any special accommodations needed have been noted or brought to the attention of the Echo Hills 5 K walk/run.

In consideration of the Echo Hills 5 K walk/run accepting my/our registration and with the intent to be legally bound, I hereby, for myself or the participant for whom I sign (if under 18 years of age) and all heirs, executors, administrators and assigns: (1) forever release, waive and relinquish any claim I/we have or may have as a result of participating in this and all other programs of the City of Piqua ; and (2) promise not to sue and agree to hold harmless and defend, the City of Piqua and its officers, officials, agents, employees, volunteers, independent contractors, and other representatives (referred to collectively hereinafter as "City of Piqua") from any and all claims, liabilities, demands, actions or causes of action in any way resulting from my/our participation in this and all other programs of the Piqua Parks and Recreation Department.

USE OF PHOTOGRAPHS: I do hereby grant and give the City of Piqua the right to use my photograph or image (or the photograph or image of the participant for whom I am signing) with or without my/our names, both single and in conjunction with other persons or objects for any and all purposes including, but not limited to, private or public presentations, advertising, publicity and promotion relating hereto. I warrant that I have the right to authorize the foregoing uses and do hereby agree to hold the City of Piqua harmless of and from any and all liability of whatever nature, which may arise out of result of such uses.

PLEASE READ CAREFULLY, BY SIGNING YOU WAIVE CERTAIN LEGAL RIGHTS.

"I understand the risks involved in my participation in a 5 K walk/run and hereby voluntarily participate. I also understand that all proceeds are to benefit the Wounded Warriors Project and the City of Piqua will not retain any fees."

Signature of Participant _____ Date _____
Parent/Guardian (if Participant is under 18 years old)

Receipt #	_____
Payment	_____
Date	_____
Staff Initials	_____