

Stomp Out Abuse 5/10K Run/Walk

May 20, 2017

PLEASE PRINT

\$35 5K Individual

\$40 10K Individual

\$110 5K Family (2 shirts, extras available for \$10)

BIB # _____

Male Female
 Family Individual
 5K 10 K
 WALK RUN

NAME: _____

ADDRESS: _____

EMAIL: _____ DOB: _____

PHONE: _____ Shirt size: _____

EMERGENCY CONTACT: _____ PHONE: _____

WAVIER OF LIABILITY

All entrants are required to sign this waiver prior to participating in event.

I, the undersigned ("Applicant") have applied to participate in a privately-sponsored event that will use public right of way or public property under the jurisdiction of Washington County ("the County"). I am aware that a private sponsor has assumed supervision and control for the duration of the event and that emergency medical services will not be standing by unless provided by the sponsor. I have informed myself as to the level of supervision and control and the type of medical services that will be available. I understand that use of the County's name with the event does not mean that the County will supply any of those services but, instead, the County only has allowed the sponsor to use public right-of-way or public property for the event itself.

The County has not inspected the property and makes no representations whatsoever regarding its condition or fitness for a particular purpose.

I understand and agree Washington County intends to rely on these representations and my knowledge of the event.

In partial consideration of permission for me to enter this event, I hereby hold harmless, WAIVE, RELEASE and covenant not to sue Washington County, its officers, employees and agents for myself, my heirs, executors and assigns or Abuse Recovery Ministry & Services (ARMS), for any and all claims that may be legally obtainable for personal or bodily injury or property damage that I may suffer arising out of my participation in this event not caused by solely a wrongful act of Washington County. By my signature I certify that I am 18 years of age or older or am the parent or legal guardian of the applicant and make these representations on behalf of my child or ward.

THIS IS AN IMPORTANT LEGAL DOCUMENT READ IT CAREFULLY BEFORE SIGNING

(Signature of Applicant/Parent or Guardian) (Date)

(Name of Participant, if different) (Date)