

2017 STOCKING RUN 5K
 December 17, 2017
 Make Checks Payable to: *Racing Underground (PO Box 7042, Golden, CO 80403)*

Name: _____ Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____ Sex: M F Birth Date: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____ A USATF Sanctioned Event

Registration Fees:	thru 12/3	12/4-12/16	Raceday
13 & Older	\$30	\$35	\$40
12 & Under	\$20	\$20	\$40

TShirt Size: Mens Tech: S M L XL XXL Womens Tech: WS WM WL WXL Youth Cotton: S M L

Waiver Statement: I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to athletics, but are also present for volunteers. I hereby assume all of the risks of participating &/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released. From dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault. I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person. I acknowledge that the Accident Waiver and Release of Liability form will be used by the event holders, sponsors and organizers of the event in which I may participate, and that it will govern my actions and responsibilities at said events. In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: Darrin & Jill Eisman, Racing Underground, City of Arvada, City of Lakewood, Bear Creek Lake Park, BVSC, Countryside Asset Management, Boulder County, City of Superior, their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether caused by the negligence of releases or otherwise. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness during this event. I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns. The Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document, and, I understand it's content.

Name _____ Age _____ Signature _____ Date _____

If under 18 years old, Parent or guardian must also sign:
PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old) The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian. Print Participant's

Name _____ Age _____ Signature of Parent or Guardian _____ Date _____



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

Bib # _____

USATF

Event Name: Stacking Run

Event Date(s): December 17, 2017

Event Location: Purple Park - Superior, CO

Sanction #: 17-32-115

For and in consideration of USA Track & Field, Inc. ("USA Track & Field" or "USATF") allowing me, the registrant, to participate in the USA Track & Field sanctioned event I am registering for herein (the "Event" or "Events"); I, for myself, and on behalf of my spouse, children, guardians, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors and assigns, hereby agree to and make the following contractual representations pursuant to this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement (the "Agreement");

- 1. I hereby represent that (i) I am at least eighteen (18) years of age... 2. I understand and acknowledge that participation in track & field... 3. I agree to be familiar with and to abide by the Rules and Regulations... 4. I hereby release, waive and covenant not to sue... 5. As a condition of my participation in the Event, I hereby grant USA Track & Field...

I hereby warrant that I (or the Guardian, if I am under the age of 18) am of legal age and competent to enter into this Agreement, that I have read this Agreement carefully, understand its terms and conditions, acknowledge that I will be giving up substantial legal rights by accepting it...

If the participant is under the age of 18, the Guardian hereby agrees to release and discharge the Released Parties as follows: a) The Guardian acknowledges and understands that the Event is inherently dangerous... b) The Guardian acknowledges the rights waived by both the Guardian and the participant... c) The Guardian acknowledges that the Guardian will indemnify the Released Parties from any and all Liability...

Participant Name (or Guardian): _____ Age: _____ Date of Birth: ____/____/____ Male Female
Minor Name #1: _____ Age: _____ Date of Birth: ____/____/____ Male Female
Minor Name #2: _____ Age: _____ Date of Birth: ____/____/____ Male Female
Minor Name #3: _____ Age: _____ Date of Birth: ____/____/____ Male Female

Home Address: _____ Home Tel.: (____) _____
Team Name _____ Email Address _____

X _____ / _____
Signature of Participant or Guardian Date Signed