



Losing For Life 5k Fun Run/Walk Registration Form

Saturday April 21, 2018

Registration/Package Pick-up-7:00AM

Start and Finish Parmer Park in Burlington, CO

Walk Begins at- 8:00 AM

Run Begins at- 8:30 AM

Prize drawings at Parmer Park at the end of this event

Entry Fees:

- o Free for those who have paid to participate in the "Losing for Life" Rotary weight loss contest.
- o \$20 If you are not participating in the "Losing for Life" weight loss contest.
- o Kids 12 and under are free!

Early Packet Pickup:

- o Your bib number and entry in the prize drawings can be picked up at Schaal Physical Therapy and Fitness Center in Burlington Friday, April 20th from 4:30 to 6:00PM.

Directions:

- o Parmer park is located at the Corner of Ben Street and Mike Lounge Drive in Burlington, CO. Parking will be optimal at the high school parking lot across the street from the park.

Amenities:

- o Two water stops along the course. Healthy snacks, water and music will be provided at the end of the event. Whether you cross the finish line first or last, everyone is entered into the drawing for prizes at the end of the event.

For more information go to www.losingforlife.club or www.schaalptandfitness.com "follow/like"  Burlington Rotary Club  Schaal Physical Therapy and Fitness Center, LLC  schaalpt

Participant Information

Name: _____

Phone: _____

Date of Birth: _____

Email: _____

City: _____ State: _____

Emergency Contact

Name: _____

Phone: _____

Relation: _____

Please make checks payable to **Rotary Club of Burlington Charitable Foundation**. Payment, Registration Forms and Accident Release and Liability Waiver can be mailed to or dropped off at **Schaal PT and fitness Center, Attn: Kerrie, 942 Rose Ave, Burlington, CO 80807.**



**Losing for Life 5k Fun Run/Walk
Accident Waiver and Liability Release for Participants**

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risks that 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 prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, 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 activity, THE FOLLOWING ENTITIES OR PERSONS: The Rotary Club of Burlington, Schaal Physical Therapy and Fitness Center, LLC and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that the Rotary Club of Burlington, Schaal Physical Therapy and Fitness Center, LLC and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a 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 participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Signature
(Please print legibly.)

Date

Participant's Name

Age

Parent/Guardian Signature

Date

(If under 18 years old, Parent or Guardian must also sign.)