



On the Move FUN RUN/WALK 1M/5K

Sunday May 16th

2:00 p.m.

Cut Bank Town Football Field

Sponsored by Cut Bank Middle School

Name:

Address:

City:

State/Province:

Zip/Postal Code:

Phone:

Gender: Male Female

(circle one)

Age (on day of race):

Emergency Contact:

Phone: _____

Completed registration forms and entry fee of \$15.00 can be mailed to Cut Bank Middle School 101 3rd Ave. SE, Cut Bank, MT 59427, attention Becky Kimmert, or brought to the race start. Make checks payable to Regional 5 Health Fund.

Please read the following and sign below if you accept its terms:

RELEASE AND WAIVER

I am aware that traveling to and from, as well as participating in a running or walking event may be hazardous activity and the Fun Run/Walk is such an event. I am voluntarily participating (or allowing my child to participate in) this activity with knowledge of the danger involved and hereby agree to accept any and all risks of property damage, personal injury, or death.

In consideration of my participation, I hereby release the Glacier County Health Department, Glacier County, the City of Cut Bank, the Region 5 Health Coalition and Cut Bank Public Schools, and any sponsors, volunteers or agents of the preceding from any present and future claims, including negligence, for property damage, personal injury, or wrongful death, arising from me or my child's participation in the above-described event. Furthermore, I hereby voluntarily waive any and all claims, both present and future, arising from me or my child's participation in the above described activity, including but not limited to negligence, property damage, personal injury, and wrongful death.

I understand that running, walking otherwise participating in the Fun Run/Walk involves certain risks, including, but not limited to, travel to and from the site of the event, sever physical contact, stress, heat-related injuries, dehydration, soft-tissue injuries, exhaustion and the possible reckless conduct of the participants. These risks also include but are not limited to death, serious neck and spinal injuries, resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles and internal organs. I further understand that the activities that I or my children participate in may be conducted at a site that is remote from available medical assistance; and nonetheless agree to proceed with such activities in spite of the possible absence of medical assistance. I also understand that any equipment provided for my protection may be inadequate in preventing serious injury.

I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies which may be available to me or my child.

Signature of participant or parent/guardian

Date