BLUFFTON PARKS DEPARTMENT

& 1 MILE JINGLE BELL JOG

5

SATURDAY
DECEMBER 21ST 2013
8:30 A.M. START
RACE DAY CHECK-IN &
REGISTRATION OPENS AT 7:30 A.M.

CITY GYM IN BLUFFTON
128 E. MARKET ST. BLUFFTON, IN 46714

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Stay for Hot Chocolate &
Holiday Snacks after the Race!

Awards For: Top 3 Male & Female Winners in the following categories: Overall, Master (over 40), Age Groups 19 & Under, 20-29, 30-39, 40-49, 50-59, 60-69, 70 & Over. No duplication of awards.

Register online at
http://raceroster.com
(http://events/2013/1583/December-Dash)

DECEMBER DASH REGISTRATION

PLEASE PRINT

NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____

AGE (on September 21st , 2013): _____

EVENT: ____ Dec. Dash 5K ____ 1 Mile Jingle Bell Jog

CHECK ONE: ___ Male ___ Female

ENTRY INCLUDES AN EVENT RUNNING BEANIE HAT TO KEEP YOUR HEAD WARM THIS WINTER! ONE SIZE FITS ALL.

REGISTRATION TOTAL

5K EARLY REGISTRATION ($15) ..... _____

5K RACE DAY REGISTRATION ($20)..... _____

1 MILE JINGLE BELL JOG REGISTRATION ($10).... _____

TOTAL _____

Make Checks Payable and Return to
Bluffton Parks Department, 128 E Market St. Bluffton, IN 46714

Please Sign Attached Waiver

WAIVER AND RELEASE OF LIABILITY

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/or property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, lack of hydration, condition of athletes, equipment, vehicular traffic, and actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, event monitors, and/or producers of the event. These risks are not only inherent to the athletes , but are also present for volunteers. I hereby assume all of the risks of participating in and/or volunteering at this event.

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 this Waiver and Release of Liability form will be used by the event holders, sponsors and organizers of this event and that it will govern my actions and responsibilities in connection with this event.

In consideration of my application and for 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) **I HEREBY WAIVE, RELEASE AND DISCHARGE** the City of Bluffton, Indiana, the Mayor of Bluffton, the Common Council of the City of Bluffton, the Bluffton Board of Public Works and Safety, the Department of Parks and Recreation of the City of Bluffton, the members of the Board of Parks and Recreation for the City of Bluffton, the event holders, the event sponsors, Wells County, the Board of Commissioners of Wells County, the Wells CountyCouncil, and any agents, successors, assigns or employees of any of the foregoing (hereinafter collectively “the Releasees”) from any and all claims or liabilities for death, personal injury, property damage, theft or damages of any kind, whether or not attributable to the negligence of the Releasees, which arise out of or are in any way related to my participation in this event or traveling to and from this event. (B) **I HEREBY INDEMNIFY AND HOLD HARMLESS** the Releasees as previously identified from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during this event and/or arising out of my travels to and from this event.

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/or assigns.

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

I hereby affirm that I am 18 years of age or older, that I have read and understand the foregoing Waiver and Release of Liability and/or have had the opportunity to discuss it with race officials to my satisfaction.

Dated this _____ day of _____, _____.

_____ _____

Signature Printed Name

PARENT/GUARDIAN WAIVER AND RELEASE OF LIABILITY FOR MINORS

I, the undersigned, being the parent or legal guardian of the participant who is less than 18 years of age, hereby represent that I have read and understand the foregoing Waiver and Release of Liability and/or have had the opportunity to discuss it with race officials to my satisfaction. In my capacity as parent./guardian of the participant, and on behalf of the participant, the participant's estate, assigns and successors in interest, I hereby agree to waive and release from liability each of the Releasees as identified above in the same manner as indicated above. Further, in consideration of the participant's application and for being permitted to participate in this event, on behalf of the participant, the participant's estate, assigns and successors in interest, I hereby agree to indemnify and hold harmless each of the Releasees as indicated above in the same manner as indicated above.

_____ _____

Parent/Guardian Signature for Minor Printed Parent/Guardian Name