## **2017 THREE CREEKS HALF MARATHON**

Make Checks Payable to: Racing Underground (PO Box 7042, Golden, CO 80403)

Name:		s:				City: _	State: Zip:					
Phone:	Email:							Sex: M F Birth Date:				
Emergency Contact	Emergen	cy Contact Pl	none:									
Registration Fees:	ration Fees: <u>11/25-11/30</u> \$55		<u>1-1/31</u> 50	2/1-2/28 \$65	2/1-2/28 \$65 3/1-4/22 \$70		У	Estimated Finish Time:				
TShirt Size:	Mens: S M	1 L	XL X	XXL Wor	mens: WS	WM WL	WXL	WXXL				
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 Denver, Cherry Creek State Park, State of Colorado, their directors, officers, employees, volunteers, representatives, and agents, the event ho												
Name			Age	Sign	ature			Date				
If under 18 years old, Parer	nt or guardian must a	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	Sign	nature of Parent	or Guardian		Date				



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

**Specific Event Waiver Form for ADULTS (Age 18 or older)** 

	OATI				
Eve	ent Name:		Event Date(s):		
Eve	ent Location:				
eve per	r and in consideration of USA Track & Field, Inc. ("USA Track & Fient described above (the "Event" or "Events"); I, for myself, and sonal representatives, executors, administrators, successors and a way waiver and Release of Liability, Assumption of Risk and Indemn	d on behalf of massigns, hereby	y spouse, children, guard agree to and make the fo	dians, heirs and next	of kin, and any legal and
1.	I hereby represent that (i) I am at least eighteen (18) years of ag Event; and (iii) I am not under the influence of alcohol or any illicit Event. I agree that it is my sole responsibility to determine w responsible for my own safety and well being at all times and ur	t or prescription hether I am su	drugs which would in any fficiently fit and healthy	way impair my ability enough to participate	to safely participate in the
2.	I understand and acknowledge that participation in track & field, inherently dangerous and represents an extreme test of a person associated with participation in the Event and sport of track & field sickness and disease, permanent disability, paralysis and loss circumstances; contact with other participants, spectators, and conditions; imperfect course or track conditions; land, water and skill levels; situations beyond the immediate control of the Event and dangers ("Risks"). I understand that these Risks may be caparticipating in the Event, or the negligent acts or omissions of the responsibility for any damages, liabilities, losses or expenses with the service of the s	on's physical ard and related action of life; loss of command or other surface hazard torganizers; and aused in whole command of the Released Page 1 and 1 a	nd mental limits. I undersectivities, including without or damage to equipment/natural or manmade obes; equipment failure; inaded other undefined, not report in part by my own actionarties defined below, and	stand and acknowled, limitation, the potentia property; exposure to jects; dangers arising equate safety measur adily foreseeable and as or inactions, the act I hereby expressly as	ge the risks and dangers al for serious bodily injury be extreme conditions and g from adverse weathe es; participants of varying presently unknown risks ions or inactions of others
3.	I agree to be familiar with and to abide by the Rules and Regulations USA Track & Field and any safety regulations established for while participating in the Event, and the condition and adequacy	the benefit of al	participants. I accept sol		
4.	I hereby Release, Waive and Covenant Not to Sue, and further as Inc., its members, member clubs, associations, sport disciplines a and Promoters, Sponsors, Advertisers, Coaches and Officials; the which the Event takes place; Law Enforcement Agencies and other subsidiary and affiliated companies, officers, directors, partner Collectively, the "Released Parties" or "Event Organizers"), expense (including court costs and reasonable attorneys fees) of to my participation in the Event, including claims for Liability can further agree that if, despite this Agreement, I, or anyone on my defend and hold harmless each of the Released Parties from an	and divisions; Ur the Host Organi ther Public Entit ers, shareholde, with respect to f any kind or nat used in whole of behalf, makes	nited States Olympic Com zation and the Facility, Vi ies providing support for ers, members, agents, e any liability, claim(s), den cure ("Liability") which mor in part by the negligen a claim for Liability agains	mittee (USOC); the Evenue and Property Over the Event; and each comployees and volune nand(s), cause(s) of a nay arise out of, result acts or omissions of the Released	vent Directors, Organizers whers or Operators upor of their respective parent teers (Individually and action, damage(s), loss of from, or relate in any way of the Released Parties. It will indemnify
con kin, any cor rep any	ereby warrant that I am of legal age and competent to enter into nditions, acknowledge that I will be giving up substantial legal right, and any legal and personal representatives, executors, administrated inducement, assurance or guarantee, and intend for my signature nditions and provisions of this Agreement. This Agreement representes enteresentations, statements or inducements have been made apart for the reason unenforceable, then that provision shall be deemed several provisions.	ts by signing it ( ators, successo re to serve as o ents the comple rom this Agreem	ncluding the rights of my rs and assigns), acknowl onfirmation of my comple te understanding between nent. If any provision of the	spouse, children, gua edge that I have signe te and unconditional n the parties regarding is Agreement is held	ardians, heirs and next o ed this Agreement withou acceptance of the terms g these issues and no ora to be unlawful, void, or fo
	nt Name:				
Hoı	me Address:			Home Tel.: (	_)

Date Signed

Signature of Participant

Revised 10/14/2010