



REGISTRATION FORM

SEPARATE FORM MUST BE COMPLETED FOR EACH PARTICIPANT

PARTICIPANT INFORMATION

Participant Name: _____

Address: _____

City: _____ Postal Code: _____

Phone Number(s): _____

Email Address: _____

(Updates and notifications will only be sent via email)

Category: _____ Individual _____ Team

Team Name (If running with a team): _____

T-Shirt Size: _____

PAYMENT INFORMATION

Registration Fees: \$50.00

Additional Pledges: _____

Total Amount: _____

WAIVER & RELEASE OF ALL CLAIMS & ASSUMPTION OF RISK

1. *I understand that entering Lloydminster Muck Run is a hazardous activity.*
2. *I understand that Lloydminster Muck Run presents extreme obstacles.*
3. *I agree not to participate unless I am medically able.*
4. *I agree to not consume alcohol prior to Lloydminster Muck Run or ingest any medicines or substances that will inhibit my mental or physical ability to safely and effectively participate in Lloydminster Muck Run.*
5. *I agree to abide by any decision of a race official relative to my ability to safely complete the race.*
6. *I agree to obey all civil and criminal laws at all times.*
7. *I assume all risks associated with competing in Lloydminster Muck Run, including but not limited to falls, contact with other participants, negligent or wanton acts of other participants, completing all obstacles, defects or condition of premises, the effects of the weather, including high heat and/or humidity, all such risks being known and appreciated by me.*
8. *I agree that Lloydminster Muck Run and Lloydminster Region Health Foundation is not responsible for any personal items or property that are lost or stolen in the gear check area.*
9. *I consent to emergency medical care and transportation in order to obtain treatment in the event of injury to me as medical professionals may deem appropriate. This Release extends to any liability arising out of or in any way connected with the medical treatment and transportation provided in the event of an emergency.*
10. *I understand and will abide by the rule that no wheeled baby conveyances or other wheeled means of conveyance, or pets are permitted in the race.*
11. *I grant permission to Lloydminster Muck Run and Lloydminster Region Health Foundation, and all affiliates, sponsors, and assigns to use any photographs, motion pictures, recordings or any other record of this event for any purpose including but not limited to promoting, advertising and marketing purposes. Any and all photographs, motion pictures, recordings or other records of the event are the sole property of Lloydminster Muck Run and Lloydminster Region Health Foundation.*
12. *I understand that all entries are final with no refunds.*
13. *The official race directors reserve the right in any event of emergency or local or national disaster to cancel the race and in the event of cancellation or change there is no refund of entry fees.*
14. *Participants are expected to exhibit appropriate behavior at all times, including obeying all laws. This includes respect for all people, equipment, and facilities, and cooperative, positive participation. Lloydminster Muck Run and Lloydminster Region Health Foundation may dismiss, without refund, anyone whose behavior endangers safety or negatively endangers safety or negatively affects a race, a person, a facility, or property of any type or kind. I also agree to indemnify Lloydminster Muck Run and Lloydminster Region Health Foundation, all affiliates and assigns, from any and all third party claims caused in whole or in part by my actions.*
15. *I am at least 18 years old.*

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

Name (Printed)

Signature

Date

WAIVER & RELEASE OF ALL CLAIMS & ASSUMPTION OF RISK

I recognize and acknowledge that there are certain risks of physical injury to participants in Lloydminster Muck Run, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I may sustain as a result of said participation. I further agree to waive and relinquish all claims I may have (or accrue to me) as a result of participating in these activities against Lloydminster Muck Run and Lloydminster Region Health Foundation, including all officials, agents, volunteers, sponsors, and employees (hereinafter referred to as Lloydminster Muck Run). I do hereby fully release and forever discharge Lloydminster Muck Run and Lloydminster Region Health Foundation from any and all claims for injuries, illnesses, damages, expenses, or loss that I may have or which may accrue to me and arising out of, connected with, or in any way associated with the race, program or activities. I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. PARTICIPATION WILL BE DENIED, if the signature of an adult participant and date are not signed at the time and place of the race. Lloydminster Muck Run and Lloydminster Region Health Foundation is committed to conducting its race and activities in a safe manner and holds the safety of participants in high regard. Lloydminster Muck Run and Lloydminster Region Health Foundation continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants registering for the race, programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs. I am solely responsible for determining if I am physically fit and/or skilled for the race or activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant or disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity. I do hereby fully release and forever discharge Lloydminster Muck Run and Lloydminster Region Health Foundation from any and all claims for injuries, damages or loss that my minor child/ward or I may have or which may accrue to me and arising out of, connected with, or in any way associated with these programs/activities.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

Name (Printed)

Signature

Date

Participant's Name: _____ Birth Date: _____

Emergency Contact: _____ Emergency Contact #: _____