

QUITMAN FEST

JUST A SMALL TOWN 5K

September 26, 2020

Quitman Sports Complex -100 Sports Complex Drive

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

\$25 REGISTRATION INCLUDES T-SHIRT IF PAID BEFORE SEPTEMBER 1<sup>ST</sup>

REGISTRATION @ 7:30AM RACE BEGINS @ 8AM

T-SHIRT SIZE: S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ XXL \_\_\_

RUN \_\_\_\_\_ WALK \_\_\_\_\_

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

**MAIL TO: CITY OF QUITMAN, P.O.BOX 141, QUITMAN, AR. 72131**

I HEREBY WAIVE, RELEASE AND DISCHARGE ANY AND ALL CLAIMS FOR DAMAGES FOR PERSONAL INJURY, DEATH OR PROPERTY DAMAGE WHICH MAY HAVE OR WHICH MAY HEREAFTER ACCRUE TO ME, AS A RESULT OF PARTICIPATION IN SAID ACTIVITY. THIS RELEASE IS INTENDED TO DISCHARGE IN ADVANCE THE ORGANIZERS OF QUITMAN FEST 5K (ITS OFFICER, EMPLOYEES, VOLUNTEERS, AND AGENTS) FROM ANY PARTICIPATION IN SAID ACTIVITY, EVEN THOUGH THAT LIABILITY MAY ARISE OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF THE PERSONS OR ENTITIES MENTIONED ABOVE. IT IS UNDERSTOOD THAT THIS ACTIVITY INVOLVES AN ELEMENT OF RISK AND DANGER OF ACCIDENTS AND KNOWING THOSE RISKS I HEREBY ASSUME THOSE RISKS. IT IS FURTHER AGREED THAT THIS WAIVER, RELEASE AND ASSUMPTION OF THOSE RISKS IS TO BE BINDING ON MY HEIRS AND ASSIGNS. I AGREE TO INDEMNIFY AND TO HOLD THE ABOVE PERSON OR ENTITIES FREE AND HARMLESS FROM ANY LOSS, LIABILITY, DAMAGE, COST OR EXPENSE WHICH THEY MAY INCUR AS THE RESULT OF MY DEATH OR ANY INJURY OR PROPERTY DAMAGE THAT I MAY SUSTAIN WHILE PARTICIPATING IN SAID ACTIVITY.

PARENTAL CONSENT: (TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN IF APPLICANT IS UNDER 18 YEARS OF AGE). I HEREBY CONSENT THAT MY SON/DAUGHTER \_\_\_\_\_, PARTICIPATE IN THE ABOVE ACTIVITY, AND I HEREBY EXECUTE THE ABOVE AGREEMENT, WAIVER, AND RELEASE ON HIS/HER BEHALF.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name Printed \_\_\_\_\_

For more information contact Cyndi Kerr at 501-589-3312