

Wobble and Gobble Thanksgiving Day 5K Registration

Participant Information

Name: _____

Phone: _____

Email: _____

Age on Race Day: _____

Gender: _____



Please Circle One

T-Shirt Size: S M L XL

Youth Size: S M L

Emergency Contact

Name & Relation: _____

Phone: _____

Do we have your permission to use any photographs or any other record of this event for any legitimate purpose including future advertising without monetary payment? Yes | No

Race Information

1 Mile Kids' Race: \$15.00 (ages 12 and under)

5K Road Race: \$25.00 (\$20.00 pre-registration if received before November 21st.)

Assumption of Risk, Waiver of Liability and Indemnity Agreement

In consideration of participation in The Wobble and Gobble Thanksgiving Day Race, I fully understand and agree to the following:

Assumption of Risk: I understand and accept that participation in this event exposes me to the risk of injury. **I choose to participate despite these risks and hereby assume all risk of injury arising out of participation.**

Waiver of Negligence: In consideration of participation in this course, I hereby release and discharge The Wobble and Gobble Thanksgiving Day Race, the Town of Bethel, the Bryant Pond 4H Learning Center, Cassandra Mason Szeliga, Ron Goglia, and any agent, employee or volunteer of the aforementioned groups and their heirs, successors, and assigns from any and all liability for injury which may result from participation in this event. **This discharge specifically includes, but is not limited to, liability for injury or damage caused by the ordinary negligence of the provider or its officers, agents, and employees.**

Indemnification: In consideration of participation in this course, I hereby agree to indemnify and hold harmless The Wobble and Gobble Thanksgiving Day Race, the Town of Bethel, the Bryant Pond 4H Learning Center, Cassandra Mason Szeliga, The Gem Theater, and any agent, employee or volunteer and their heirs, successors, and assigns for any injury or damage which may result from participation in this course. In signing this document, I fully recognize **I will have no right to make a claim or file a lawsuit even if caused by the ordinary negligence of the provider.**

- **I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENT;**
- **I AM AWARE THIS IS AN ASSUMPTION OF RISK, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT;**
- **I UNDERSTAND THAT I AM RELINQUISHING SUBSTANTIAL LEGAL RIGHTS IN SIGNING THIS AGREEMENT;**
- **I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY;**
- **I AM VOLUNTARILY SIGNING THIS AGREEMENT WITH THE FULL INTENT OF RELEASING THE PROVIDER OF LIABILITY FOR INJURY OR LOSS DUE TO THE INHERENT RISKS OF THE ACTIVITY OR DUE TO THE ORDINARY NEGLIGENCE OF THE PROVIDER:**

Participant's Signature

Printed Name

Date Signed _____

Signature of Parent or Legal Guardian signing as agent of a minor

Date: _____