

# REINDEER RUN ENTRY FORM

## PRIMARY ADULT INFORMATION- 5K

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sex (circle) M F Date of Birth \_\_\_/\_\_\_/\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

T-Shirt Size: (Circle One) AS AM AL AXL AXXL

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## CHILDREN PARTICIPATING- FUN RUN

1. \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Age Day of Race \_\_\_\_\_ Sex: \_\_\_\_\_

2. \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Age Day of Race \_\_\_\_\_ Sex: \_\_\_\_\_

3. \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Age Day of Race \_\_\_\_\_ Sex: \_\_\_\_\_

## MEDIA RELEASE

I give permission for photographs/video to be taken of me, my spouse and/or my child during normal program activities to be used in YMCA promotional materials without thought of remuneration. I authorize the Family YMCA of Greater Laurens to utilize videotape, audio or photograph materials of myself or dependent children, for the purpose of promotional materials for YMCA programs and services. This includes any printed material, broadcast and print advertising, promotional videos and the YMCA website which are produced or published by the YMCA. I also permit the YMCA and/or the media to use images of me or my child in broadcast and print media news coverage of the YMCA. I understand that my child's name is not published.

## INFORMED CONSENT FOR PARTICIPATION

I desire to engage voluntarily in the event identified and/or the use of the Y's facility and equipment. I understand that some activities are designed to place a gradually increasing work-load on the cardio respiratory system and to thereby attempt to improve its function. The reaction of the cardio respiratory system to such activities cannot be predicted with complete accuracy. There is a risk of certain changes that might occur during or following this event. These changes might include abnormalities of blood pressure or heart rate.

I understand that I am responsible for monitoring my own condition throughout the identified event and should an unusual symptoms occur, I will cease my participation.

In signing this consent form, I affirm that I have read this form in its entirety and that I understand the nature of the identified event.

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in the identified event.

Also, in consideration for being allowed to participate in the identified program, I agree to assume the risk of such activity, and further agree to hold harmless the Y and its staff members, and those conducting the identified program from any and all claims, suits, losses, or related causes of action for damages, including but not limited to, such claims that may result from my injury or death, accidental or otherwise, during, or arising from the identified program.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature (if Participant is under 18 years of age) \_\_\_\_\_