

Participant Registration / Waiver

Name: _____ Age: _____ DOB: _____ Male / Female
 (if under 18) Name of Parent/Guardian: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Emergency Contact

Name: _____ Phone: _____

Shirt: Youth SM Med Large X-Large
 Adult SM Med Large X-Large XX-Large XXX-Large

Cost: \$12.00/participant Cash Check Credit

Please return form and payment to the Vista Heights Financial office before March 31st.



Waiver:

I, the undersigned, in consideration of my participation in the above referenced event (“Event”) acknowledge that I am aware that my participation in the Event may result in risks, which among other things, include but are not limited to scrapes, bruises, twisted ankles and various injuries to the body, including death and heat and stress related issues, and I freely assume on my own all risks incidental to such participation. In consideration of my participation in the Event and in my behalf, and on behalf of my heirs, executors, administrators and next of kin, I hereby release, covenant not to sue, and forever discharge the Released Parties (as defined below) of and from all liabilities, claims, actions, damages, costs and expenses of any nature arising out of, related to, or in any way connected with my participation in the Event, and further agree to indemnify and hold each of the Released Parties harmless from and against any and all such liabilities, claims, actions, damages, costs and expenses including by way of example, but not limited to, all attorneys’ fees, costs of court, and the costs and expenses of other professionals and disbursements up through and including any appeal. I understand that this Release and indemnity includes any claims based on the negligence, action or inaction of any of the Released Parties and covers bodily injury (including, without limitation, death), property damage, and loss by theft or otherwise, whether suffered by me either before, during or after such participation. I declare that I am physically fit and have the skill level required to participate in the Event. I further authorize medical treatment for me, at my cost, if the need arises. For the purposes hereof, the “Released Parties” are: Vista Heights Middle School, its Teachers and Administrators, Alpine School District, its employees, Vista Heights PTA, and volunteers.

 Signature of Participant

 Date

 Signature of Parent/Guardian (if under 18 years of age)

 Date

