

CHARITIES OF FIRE



Team Name: _____

Charity/Foundation Sponsoring: _____

Team Members

1

Name

Age

Nickname

2

Name

Age

Nickname

3

Name

Age

Nickname

4

Name

Age

Nickname

Team Captain: _____

Cell Phone: _____

Email: _____

Address: _____

Charities of Fire Waiver

I know that participating in a race is potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able. By my signature, I certify that to the best of my knowledge I am medically able to perform this event and I am in good health. I am familiar with the event description and rules and understand the inherent risks and that certain risks may be unknown due to the nature of the event but are accepted by me. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I assume all risks associated with participating in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. I understand that motor vehicles, public transportation, mopeds, skateboards, baby joggers, roller skates or roller blades, animals, and headsets are not allowed in the race and I will abide by this guideline.

Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Converse County Bank, and any participating venue from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

I grant permission to all the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

Signature: _____

Parent/Guardian if Under 18.

Date: _____