

BOO RIDGE 5K and FUN RUNS



Register Online!

Name: _____ Phone: _____

Address: _____ City: _____

State: _____ Zip: _____ Circle one: MALE FEMALE

Your age on Race Date: _____ Date of Birth ____/____/____

T-shirt size: YSM YMED YLG Adult Small Adult Medium Adult Large Adult XL 2XL 3XL

Which race do you wish to enter?

___ 5K (\$25.00) ___ Little Goblin Fun Run (\$10.00) ___ Monster Mile (\$15.00) ___ Ghost Walk (\$20.00)

Medals are given for winners of age categories in 5K.

Start Times: 9:30am for 5K, 9:00am for Little Goblin Fun Run, 9:40am for Monster Mile, "Ghostwalk" (support without actually doing the event)

This is a fundraiser for Carroll County Special Olympics!
100 % of the proceeds go to support our year-round activities.

Make checks payable to Special Olympics Virginia and mail to:

Carroll County Special Olympics PO Box 173 Hillsville VA 24343

In consideration of participating in the Special Olympics Virginia Area 9-Carroll County Boo Ridge Halloween Spooktacular 5K run, I represent that I understand the nature of 5K Run events and that I and/or my minor child am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I and/or my minor child believe event conditions are unsafe, I and/or my minor child will immediately discontinue participation in the Activity. I fully understand that running events/5K runs involve risks of serious bodily injury, including viral infections, bacterial infections and other communicable diseases and illnesses, permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I and/or my minor child incur as a result of my and/or my minor child's participation in the Activity. I hereby release, discharge, and covenant not to sue Special Olympics, Inc., Special Olympics Virginia, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my and/or my minor child's behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost which any may incur as the result of such claim. I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, AND PARENTAL CONSENT AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect. I, the Undersigned Participant (and my parent/guardian if I am younger than 18 years of age) intending to be legally bound, do hereby forever release and waive any rights, claims, and actions for damages that we, our heirs, executors, administrators, and assigns may have, or that may hereafter accrue against any and all persons organizations, and other entities associated with the event on the second Saturday of October, including but not limited to Special Olympics VA—Carroll County, Special Olympics Virginia, Hillsville Elementary, Carroll County Public Schools, all sponsors, volunteers, and individual race organizers, arising out of or in connection with my involvement before, during or after the event. I verify that I am physically fit and sufficiently trained to participate in this event, and my signature signifies my agreement to this waiver and permission to use photos of me.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____