

2018 MT. BACHELOR ROTARY CLUB ST. PATRICK'S DAY DASH REGISTRATION

First Name: _____ Last Name: _____ Age: _____

Street Address: _____ City: _____ State: _____ Zip: _____ Sex: ☐ F ☐ M

Email: _____ Day Phone: _____

Please enter me in the following wave:

☐ Green (timed)

☐ Red (not timed)

Registration includes short sleeve t-shirt

And one complimentary Deschutes Brewery Beer per adult

Make Check Payable to: Mt. Bachelor Rotary Club (US Funds Only –Non Refundable)

☐ \$15 Child (12 and under on race day)

☐ \$35 Mail-In (deadline: postmarked by February 28, 2017)

☐ \$40 Mail-In (deadline: postmarked by March 1, 2017)

☐ \$45 Day of Race Registration (t-shirt not guaranteed)

Mail to:

Bend-Mt Bachelor Rotary

P.O. Box 848, Bend 97709

WAIVER AND RELEASE OF LIABILITY - For Deschutes Brewery Bend St. Patrick's Day Dash Presented By Mt. Bachelor Rotary Club

I fully understand that training for and participating in activities such as running/walking races may result in accidents, illness, or serious injury. I am voluntarily participating in the **Bend St. Patrick's Day Dash Presented by Mt. Bachelor Rotary Club** (hereinafter the "event") with complete understanding of the risks associated with participation in the event. I further acknowledge that this event requires participants to be in proper physical condition. By signing this Waiver and Release Form, I declare that I am medically able, properly trained, physically fit, and capable of participating in the event. In consideration for being allowed to participate in the event, I agree to release and hold harmless the premises owners and all event sponsors, vendors, partners and their affiliates, agents, and employees, from all liability for any injuries and/or illnesses that may directly or indirectly result from my conduct or from the negligence of other participants in the event, and/or from the negligence of the premises owners or the negligence of the event presenters and sponsors, vendors and partners. I also acknowledge full and sole responsibility for any and all medical expenses that I may incur as a result of any injury and/or illness related to my participation in the event. I understand and agree that this Waiver and Release of Liability is binding. I hereby grant my consent and permission to Mt Bachelor Rotary Club, all of the premises owners and all of the event sponsors, vendors, partners and their affiliates, agents and employees, to use my name, photograph, videotape, motion picture recording, voice, or likeness for any of their purposes, including pre and post event publicity. I understand that I will not be compensated for any uses of this material and I waive any rights to inspect or approve any such use of my name, likeness, voice, photograph and actions. I have carefully read this Waiver and Release of Liability and fully understand its contents.

Signature of Participant

Date

Print Name of Participant

Legal Guardian (if participant is under 18 years of age)