

CHILD 5K WALK REGISTRATION FORM CHILD

2019 Mendo Human Race | Saturday, May 4th, 2019



Please send or drop off or mail this form to: **North Coast Opportunities c/o The Mendo Human Race**
413 North State Street, Ukiah CA 95482 or fax it to (707) 462-4862

LAST NAME: _____ FIRST: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

TEAM: _____

X _____ DATE: _____



EACH participant MUST have parents sign the waiver below.



PARENTAL CONSENT RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

FOR GOOD AND VALUABLE CONSIDERATION, including permission for _____ (the minor) to participate in 5k Walk and related activities, I, the parent/guardian of the minor for myself and on behalf of the minor:

- Consent to the minor's participating in the event or activity; and agree that prior to the minor's participating in the event or activity the minor and I will inspect the facilities, equipment and areas to be used, and, if I believe any of them are unsafe, I will immediately advise the person supervising the event, activity, or area;
- Acknowledge that the minor and I fully understand that my participation may involve risk of serious injury or death, including economic losses which may result not only from my own actions, inactions, or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, the rules of play, or this type of event or activity
- Release, waive, discharge and relinquish North Coast Opportunities Inc. and Alex R. Thomas Plaza/City of Ukiah their officers, employees, and agents from any liability, loss, damage, claim, demand or cause of action against them arising from or attributable to the minor's participation in the event or activity, whether same shall arise by their negligence or otherwise;
- Assume any and all risks of personal injuries to the minor and authorize Alex R. Thomas Plaza/City of Ukiah and North Coast Opportunities Inc. contact or employ a licensed physician to render any medical treatment that may be deemed necessary of the minor or to take and admit the minor to any hospital. If such medical treatment or hospitalization is required, I agree to pay all medical or hospital bills, permanent or partial disability, death and damage to my property, caused by or arising from my participation in this event or activity;
- Covenant not to sue or present any claim for personal injury, property damage, or wrongful death against North Coast Opportunities Inc. and Alex R. Thomas Plaza/City of Ukiah their officers, agents or employees, and agent attributable to the minor's participation in the event or activity;
- Agree that photographs, pictures, slides, movies, or videos of the minor may be taken in connection with their participation in this event or activity without compensation from Alex R. Thomas Plaza/City of Ukiah or North Coast Opportunities Inc. and consent to the use of these photographs, pictures, slides, movies, or videos for any legal purpose;
- Warrant that the minor is in good health and has no physical condition that would prevent them from participating in this event or activity; Acknowledge that Alex R. Thomas Plaza/City of Ukiah and North Coast Opportunities Inc. are not joint sponsors, joint ventures, partners, or otherwise jointly engaged in the above-named event or activity.

THIS DOCUMENT RELIEVES NORTH COAST OPPORTUNITIES, INC. AND ALEX R. THOMAS PLAZA/CITY OF UKIAH AND OTHERS FROM LIABILITY FOR PERSONAL INJURY, WRONGFUL DEATH AND PROPERTY DAMAGE CAUSED BY NEGLIGENCE. BOTH PARENTS MUST SIGN UNLESS ONLY ONE PARENT IS LIVING OR UNLESS ONLY ONE HAS LEGAL CUSTODY. LEGALLY APPOINTED GUARDIANS MUST SIGN AND FURNISH A CERTIFIED COPY OF LETTERS OF GUARDIANSHIP.

*PARENT/GUARDIAN: I HAVE READ THIS DOCUMENT, UNDERSTAND THAT I WILL GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN VOLUNTARILY.

PRINT NAME	SIGNATURE	DATE
_____	_____	_____

*PARTICIPANT/MINOR: I HAVE READ THIS DOCUMENT SIGNED BY MY PARENT OR GUARDIAN AND JOIN THE WAIVER, RELEASE AND ASSUMPTION OF RISK. I AM AWARE OF THE RISKS INVOLVED IN MY PARTICIPATION IN THE EVENT OR ACTIVITY.

PRINT NAME	SIGNATURE	DATE
_____	_____	_____