

**2018 COON DOG DAY 5K RACE/FUN WALK  
REGISTRATION FORM**

(One Entry Form required per Participant)

Participant's Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Participant's Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age on Race Day: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Performance T-Shirt Size (Select One): Small \_\_\_ Medium \_\_\_ Large \_\_\_ XLarge \_\_\_ XXLarge \_\_\_

**MAKE YOUR CHECK FOR \$30 PAYABLE TO CITY OF SALUDA FOR 5K RACE  
MAIL IT TO P. O. BOX 258; SALUDA NC 28773**

**ALL PARTICIPANTS MUST READ AND SIGN THE FOLLOWING RELEASE AND WAIVER OF LIABILITY**

I recognize that I am participating in an activity that can be potentially hazardous. I agree and represent that I understand the nature of the activity, and that I am qualified, in good health, and in proper physical condition to participate in such activity. I further agree that if at any time I believe the conditions to be unsafe, I will immediately discontinue further participation in the activity. I hereby release, discharge, and covenant not to sue the City of Saluda, Commissioners, Volunteers, and Employees, or any other Participants, Officials, Rescue Personnel, Sponsors, Advertisers, Owners, and Lessees of any premises on which the activity is conducted from all liability claims, demands, losses, or damages caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise, including negligent rescue operations, the actions or inactions of myself or others participating in the activity or the conditions in which the activity takes place, even though the liability may arise out of negligence or carelessness on my part or on the part of those named in this Waiver. I agree to abide by any decision of a Race Official and to adhere to the rules and regulations set forth by the Event organizers. I hereby grant my permission to all the foregoing to use any photographs, motion pictures, recordings, or any other record of this Event for any legitimate purpose or any media coverage or promotional materials. I also understand that there are no refunds for any reason for this event.

I acknowledge that I am over the age of 18, have read this Agreement and fully understand its terms, understand that I have given up substantial rights by signing it, have signed it freely and without any inducement or assurance of any nature, and I intend it to 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.

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Participant

Date Signed: \_\_\_\_\_

**IN ADDITION, THE BELOW MINOR RELEASE SECTION MUST BE COMPLETED BY PARENT/GUARDIAN  
FOR ANY PARTICIPANT UNDER THE AGE OF 18**

I, the minor's parent and/or guardian, understand the nature of the activity and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless each of the releasees from all liability, claims, demands, losses, or damages on the minor's account. I further agree that if despite this release I, the minor, or anyone on the minor's behalf makes a claim against any of the releasees, I will indemnify, save, and hold harmless each of the releasees from any litigation expenses, attorney fees, loss liability, damage, or any cost that may occur as a result of any such claim.

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian