



# Zombie Color Run 2017



Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Telephone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Parent/Guardian(s): \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tele: \_\_\_\_\_

Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Any medical conditions that Almanor Recreation and Park District and your team members should be aware of:

(List) \_\_\_\_\_

## AGREEMENT, WAIVER and RELEASE

In consideration for being permitted by the *Almanor Recreation and Park District* to participate in the *Zombie Run* , I \_\_\_\_\_ hereby waive, release and discharge any and all claims for damages or personal injury, death or property damage which I may have or which may hereafter accrue to me, as a result of said activity. This release is intended to discharge in advance, the Almanor Recreation and Park District (its officers, employees and agents) from any and all liability arising out of or connected in anyway with my participation in said activity, even though the liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing these risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and hold the above persons or entities free and harmless from any loss, liability, damage, cost or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activity.

**I have carefully read this agreement, waiver and release and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the Almanor Recreation and Park District and I knowingly sign of my own free will.**

\_\_\_\_\_ *Initial* I am aware that ARPD may take photos for such purposes as publicity, illustration, advertising, and Web content.

\_\_\_\_\_  
Participant, Parent or Guardian Signature

\_\_\_\_\_  
Date

**Mail Registration Form To:** Almanor Recreation & Park District P.O. Box 325, Chester, Ca. 96020

**Drop Off Location:** A.R.P.D Office at 102 Meadowbrook Loop, Chester Tues & Thurs 9 am to 2 pm