

SPLASH + RUN 5K

– Participant registration –

Water-Themed Fun Run

For Developmental Disabilities

August 3, 2019

Everyone Belongs

Lawrence County Friends of DD

Follow us on Facebook

Dawson Bryant High School, Coal Grove, Ohio - \$20 pre-registration; \$25 day of race

Join us in raising funds for services for developmental disabilities in Lawrence County. Portions of all entry fees will be donated to this cause.

Everyone Belongs: It is only when we have a truly inclusive community that we see the future as brighter, our neighborhoods grow stronger, we accomplish more, and everyone wins! It is often attitudinal barriers that affect everyday life for people with developmental disabilities. In addressing those barriers through positive awareness efforts, fears and negative attitudes can be replaced with knowledge and understanding.

All runners will receive a Splash & Run Logo RALLY TOWEL!!!

Participant Name:

Address:

City, State, Zip:

Phone: _____ **Email:** _____

Age: _____ (at time of race) **Gender:** M / F _____ *If you are under the age of 18 you MUST have a legal parent or guardian sign your waiver*

Signature Agreeing to Waiver: _____

I agree to the posted waiver (printed below)

Date: ____/____/____

Printed Name of Guardian if Applicable:

Please Mail Registration Forms & \$20 Registration Fee to: Lawrence County Friends of DD, P.O. Box 354, Ironton OH 45638 | Phone Contact: 304-389-1468 | Email: DD-Awareness-5K@hotmail.com
Checks should be made payable to: Lawrence County Friends of DD

NOTE: Donations in support of developmental disabilities are welcome and greatly appreciated. If you are making a donation along with your registration please make a note of your donation amount so that it can be properly credited. Thank you!

WAIVER: I understand that participating in this event is potentially hazardous and I should not enter or participate unless I am physically able and properly trained. In consideration of the acceptance of my entry, I hereby assume full responsibility for the risk of any injury or accident, recognizing the potential for serious physical trauma, injury or death, and I elect to voluntarily compete in the event knowing and assuming such risks. I, for myself and my heirs and executors, hereby release and forever discharge the Developmental Disabilities 5K Run/Walk Organizers, Supporters, Beneficiaries, Dawson Bryant High School, Location owners and all municipal agencies and other persons or entities associated with the event, and each of their respective employees, agents, volunteers, representatives and affiliates (the "Releasees"), from all liabilities, claims, actions or damages that I may have against them arising out of or in any way connected with my participation in the event. I grant permission to each of the foregoing to use my name, photographs, videotapes, motion pictures, and other media of any kind or any other record of the event for any legitimate purpose, including promotional efforts of any kind, without compensation to me. I acknowledge that the entry fee is non-refundable, non-transferable and non-deferrable. I grant to the Medical Director of the Events, and its agents, affiliates, and designees access to all medical records (and physicians) as needed and authorize medical treatment as needed. I acknowledge that the event organizers have the right to alter, change, cancel and/or postpone the event in their sole discretion. I warrant that all statements made in this release agreement are true and correct and I understand that the Releasees have relied on them in allowing me to participate in the event. I HAVE READ THE FOREGOING, UNDERSTAND ITS CONTENTS AND INTENTIONALLY AND VOLUNTARILY CERTIFY COMPLIANCE BY ACCEPTING THIS WAIVER. IF THE PARTICIPANT IS UNDER THE AGE OF 18: I, as the parent or guardian of the above named minor, give my permission for my child or ward to participate in the event, and further agree individually on behalf of my child or ward, to the terms above. I further certify that my child/ward is in good physical condition and is able to safely participate in the event. I hereby authorize medical treatment for him/her and grant access to my child/ward's medical records as necessary.