

YOU ARE **NOT** REGISTERED UNTIL ALL AREAS FULLY COMPLETED AND SIGNED/INITIALLED IN ALL GREEN AREAS BY PERSON OVER 18 YEARS

REGISTRATION FORM

RUNNER LEGAL NAME:	Last Name,	First Name	DOB:
Preferred name:	AGE:		
AB HEALTH CARE	#		
MAILING ADDRESS:			
COLOURBLAST IS NON-TOXIC FOOD GRADE COLOURED WATER	IF YOU WANT BEST EFFORTS MADE TO AVOID SPRAYING YOU - WEAR DARK COLOUR SHIRT *** BY PARTICIPATING IN THIS EVENT YOU or YOUR CHILD UNDERSTAND YOU or YOUR CHILD WILL COME INTO CONTACT WITH COLOURED WATER THAT MAY STAIN CLOTHING, SKIN, HAIR, SHOES. IF CLEANED WHEN WET, LESS LIKELY TO STAIN. STAIN ON CLOTHING/SHOES MAY BE PERMANENT.		
	FOR RUNNERS UNDER 18 YEARS	Primary	
PARENT or GUARDIAN NAME:			
BEST PHONE #:			
EMAIL ADDRESS:			
	FOR RUNNERS UNDER 18 YEARS	Alternate	
PARENT or GUARDIAN NAME:			
BEST PHONE #:			
EMAIL ADDRESS:			
	EMERGENCY - ALL Participants:		
EMERGENCY Contact Person:	PHONE:		
SCHOOL THE RUNNER ATTENDS:			

SMOKY RIVERS RUNNERS RUN CLUB
smokyriverrunners@gmail.com
PO Box 404
McLennan, Alberta
T0H 2L0

By signing below I consent to my or my child's picture and/or name to be published, including on social media, or Run Club documents & news.

X

SIGN ABOVE (OR PARENT)

*** MUST BE READ CAREFULLY AND INITIALLED NEXT TO EACH SECTION ON THE LINE PROVIDED ***

SUPERVISION TO AND FROM THE RUN _____
* I understand Run Club, HICKS HONEY, HONEY FEST FUN RUN & WALK is June 17, 2022. CHECK IN at 7:00 to 7:30AM. Run Club is not responsible for getting my child to or from the run. I will make sure my child knows how to get to the RUN and is accompanied home.

JOINING AND PARTICIPATION _____
* I consent to my child to join and participate in the HICKS HONEY, HONEY FEST FUN RUN & WALK. I/he/she will abide by the rules and regulations including directions from the coaches and supervisors as imposed on me/my child while participating in the club activities.

GOOD CONDUCT, TEAM SPIRIT AND DISCIPLINE _____
* In the event I/my child fail to abide by the rules, behave in a disrespectful manner, use vulgar language, are not interested in participating, or any other behaviour not conducive to team spirit and safety of runners, public or any other person I will leave/be contacted to have my child picked up or transported home at my own expense.

GOOD HEALTH, ABLE TO PARTICIPATE _____
*I/my child am/are in good health and in proper physical and mental condition to participate in physical activity (including; walking, running, stretching, body weight exercises). I will notify the RUN CLUB OFFICIALS of any changes in this condition prohibiting me/my child.

AUTHORIZATION OF FIRST AID IN EMERGENCY AND INDEMNIFICATION OF COSTS _____
* I AUTHORIZE BASIC FIRST AID TO BE DELIVERED TO ME/MY CHILD BY RUN CLUB VOLUNTEERS OR OTHERS. BY ADMINISTERING FIRST AID THE SMOKY RIVER RUNNERS TRACK AND X-COUNTRY RUNNING CLUB, HICKS HONEY and PARTNERS IN NO WAY WARRANT OR ASSUMES ANY LIABILITY IN RELATION TO THE ADMINISTRATION OF SUCH FIRST AID. THE SMOKY RIVER RUNNERS TRACK AND X-COUNTRY RUNNING CLUB, HICKS HONEY and PARTNERS ASSUME NO RESPONSIBILITY OR OBLIGATION TO ANY COST OR EXPENSE RELATED TO CARRYING OUT AN EMERGENCY PROCEDURE AND/OR EMERGENCY TRANSPORTATION FOR ME/MY CHILD AND I AGREE TO PAY ALL SUCH COSTS AND EXPENSES AND SHALL INDEMNIFY AND REIMBURSE THE SMOKY RIVER RUNNERS TRACK AND X-COUNTRY RUNNING CLUB FOR ANY SUCH COSTS OR EXPENSES OCCURRED .

WAIVER OF RIGHT TO SUE OR BE COMPENSATED _____
*I Confirm and agree that I understand the above agreements, I agree to be bound legally by their terms and am aware that by signing below I am waiving rights, including the right to sue or claim compensation following any and every possible event that could lead to any possible injury or harm to me/my child including from the administration of first aid to me/my child. I further agree to the use of photographs and video taken of me/my child for promotion or club purposes online or in print. I will not be compensated and consent to public posting or sharing of such photographs and video for club promotion or club purposes.

DATE:	X	X
PAID _____ YES	PARTICIPANT SIGNATURE (if over 18 years)	WITNESS
or participating school registration _____	X	X
	PARENT/GUARDIAN SIGNATURE (if under 18 yrs)	WITNESS