



Blue Ribbon Run

In partnership with
NAPA VALLEY UROLOGY ASSOCIATES

Napa 5k

For Prostate Cancer Research

5k REGISTRATION FORM

Date / Time: September 8, 2013 8:00am (arrive at 7:30)

Location: Softball complex at Kennedy Park, 2296 Streblov Rd, Napa, CA

Fees: \$40 includes a T-shirt, goody bag & raffle ticket

Race Website: www.BlueRibbonNapa.com

Please complete this entire form and return to Athletic Feet or Napa Valley Urology Associates no later than September 3rd 2013. Please print clearly.

Name: _____

Gender (check one) Male _____ Female _____ Birthdate: _____

Phone _____ Email _____

Shipping address _____

Emergency contact _____

(Please check one) Running a timed 5k _____ Walking (untimed) _____

T-shirt size: Small _____ medium _____ Large _____ XL _____ XXL _____

Credit card # _____ Expiration _____ Cvc _____



P.S. Wear blue because men get cancer too!

www.blueribbonnapa.com - Tax ID: 80-0524973 - wearblue2@gmail.com - (707) 363-2190

PARTICIPANT WAIVER FOR RACE REGISTRATION

I represent and warrant to Athlete.com that I have full legal authority to complete this event registration on behalf of myself and/or any party you are registering (the Registered Parties), including full authority to make use of the credit or debit card to which registration fees will be charged.

I know that running a road race is potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained.

I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever.

I understand that events may be held over public roads and facilities open to the public during the event and upon which hazards are to be expected. I assume all risks associated with running in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. I understand that bicycles, skateboards, roller skates or roller blades, animals, and headsets are not allowed in the race and I will abide by this guideline.

I agree that prior to participating, I will inspect the facilities, equipment and areas to be used and if I believe any of them are unsafe, I will immediately advise personnel from the event.

If you are registering a child under the age of 18 or an incapacitated adult you represent and warrant that you are the parent or legal guardian of that party and have the legal authority to enter into this agreement on their behalf and by proceeding with this event registration, you agree that the terms of this Agreement and Waiver shall apply equally to all Registered Parties. By registering a child under 13, you agree and consent to the collection of that child’s information which you provide for the purposes of registration.

ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY

I, _____ (participant) HEREBY RELEASE FROM LIABILITY, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the associated parties of *Blue Ribbon Run, Team Winter, Napa Valley Urology Associates*, the State of California, the City of Napa, and any of the officers, servants, representatives, agents, volunteers, sponsors and employees of the above-mentioned entities (hereinafter referred to as RELEASEES) for any liability, claim and/or cause of action arising out of or related to any loss, damage or injury, including medical or hospital bills, permanent or partial disability, death, or damage to my property, that occurs as a result of my participation in the above-described activities. I agree to indemnify and hold harmless the RELEASEES whether injury is caused by my negligence, the negligence of the RELEASEES or the negligence of any third party. I further agree that this Release and Waiver of Liability shall bind all parties affiliated with me and constitute a COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Release and Waiver of Liability shall be construed in accordance with the laws of the State of California.

ADDITIONAL CLAUSE

I also grant permission for the use of any photographs, motion pictures, recordings or any other record of my participation in this event for any legitimate purpose. I understand that if the race is canceled because of circumstances beyond the control of the race committee and sponsors, in-cluding, but not limited to unsafe weather conditions or governmental ban, my entry fee will not be refunded.

MEDICAL EMERGENCY PERMISSION

If an injury or other medical condition occurs or arises, I hereby give permission to the Blue Ribbon Run and volunteers, to seek emergency treatment by authorized providers. I understand that I am financially responsible for resulting charges.

BY INDICATING MY ACCEPTANCE OF THIS AGREEMENT AND WAIVER, I AM AFFIRMING THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT AND WAIVER AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS, INCLUDING THE RIGHT TO SUE. I ACKNOWLEDGE THAT I AM SIGNING THE AGREEMENT AND WAIVER FREELY AND VOLUNTARILY, AND INTEND BY MY ACCEPTANCE TO COMPLETELY AND UNCONDITIONALLY RELEASE ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Printed Name: _____ Signature: _____ Date: _____

Complete below if participant is under 18:

Legal Guardian: _____ Signature: _____ Date: _____

Participant Name: _____