

5K Run/Walk For Clean Water

Saturday, Aug. 27, 2022 - 9:00 AM - Old Storybook Island Picnic Shelter
2911 Canyon Lake Drive, Rapid City, SD

Sponsors are not responsible for any accidents, injuries, or theft.

Registration Form & Release of Liability Agreement.

Each adult and each participating child's parent or guardian must sign a Release of Liability provided on the following page (place form here for E-signature).

First Person - Pronouns (optional) _____

First Name: _____ Last Name: _____

Email (required) _____ Phone Number (optional) _____

Choose One Category	Entry Fee:
_____ Elder (65 and Over)	\$5.00
_____ Adult(22 - 64)	\$10.00
_____ Youth (13 - 21)	\$10.00
_____ Junior (12 and under)	Free

Second Person - Pronouns (optional) _____

First Name: _____ Last Name: _____

Email (required) _____ Phone Number (optional) _____

Choose One Category	Entry Fee:
_____ Elder (65 and Over)	\$5.00
_____ Adult (22 - 64)	\$10.00
_____ Youth (13 - 21)	\$10.00
_____ Junior (12 and under)	Free

Payment Information:

_____ I will Pay at Orientation on the day of the event

_____ I will Pay using PayPal (www.bhcleanwateralliance.org/donate)

Total Number of Registrations Submitted _____ in the Total Amount of \$ _____

_____ Official use only - Payment Received

By submitting your information, you're giving us permission to email you. You may unsubscribe at any time. Thank you for Registering. Please complete the Release of Liability Agreement.

Release of Liability

We will have copies on the day of the race, as well.

I, the undersigned, state that I wish to participate in a 5K Run/Walk For Clean Water on August 27, 2022, sponsored by Black Hills Clean Water Alliance (BHCWA) and any listed Co-sponsors. I understand that the 5K Run/Walk For Clean Water is voluntary, and that I participate voluntarily.

I understand that the activities involved in the 5K Run/Walk are potentially dangerous or harmful to my person or property, and that by participating I voluntarily accept and assume the risk of injury to myself or damage to or loss of my property.

I understand that the sponsoring organization(s) do not provide any insurance coverage for my person or my property. I acknowledge that I am responsible for my safety and my own health care needs, and for the protection of my property.

I release from liability, agree to indemnify, and hold harmless BHCWA and those Co-sponsors' agent, officer, or member for any injury to my person or damage to or loss of my property. This release shall be binding upon myself, successors in interest, and/or any person(s) suing on my behalf.

I have read the statements in this document. I agree with its terms and have voluntarily signed it. I understand that this document is complete unto itself and that any oral promises or representations made to me concerning this document and/or its terms are not binding upon BHCWA or any Co-sponsors or any of these organizations' officers, agents, or members.

I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT. I HAVE READ AND UNDERSTOOD THIS RELEASE AND UNDERSTAND ALL ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS MEANING AND SIGNIFICANCE.

LEGAL NAME (print): _____

LEGAL NAME (sign): _____ DATE _____

PARENT'S OR GUARDIAN'S NAME, IF UNDER 18 (print):

_____ DATE _____