



2018 Registration Form

Please read and complete the following information. Once form is completed and signed return to designated location or mail in form to:

**Youth Villages Inner Harbour
Attn. Chelsea Carver
4685 Dorsett Shoals Rd.
Douglasville, GA 30135**

PARTICIPANT'S INFORMATION:

First name: _____

Last name: _____

Email: _____

Birth Date: ____ / ____ / ____ Phone Number: (____) ____ - ____

Address: _____

City: _____ State/Province: _____ Zip: _____

Gender: _____ T-Shirt Size: _____

EMERGENCY CONTACT'S INFORMATION:

Emergency Contact Name: _____

Emergency Contact Phone Number: (____) ____ - ____

Emergency Contact Relation to Participant: _____

___ \$20 through September 14th

___ \$25 Sept 15 - Oct 26

___ \$30 Oct. 27 (Day of Registration)

(Continued on back) → → →

RULES:

1. All participants must sign a waiver to participate.
2. All participants 18 and younger MUST be accompanied by an adult through the entirety of the course.
3. No dogs, bikes, baby joggers or strollers allowed on the course.
4. Runners must remain on the trail and following the instructions of the volunteers to stay on race course.
5. All race entries are final. No refunds will be made for cancellations or inability to participate.
6. No glass water bottles on the premises.

EVENT WAIVER

This release and waiver is executed on this date: October 27, 2017. Knowingly, and at my own risk, I am participating in the Youth Villages Inner Harbour Campus T.O.U.G.H. Trail Run. I understand I have full knowledge of the risks involved in this event which requires excellent cardiovascular and pulmonary condition and strength. I am physically fit and sufficiently trained to participate. If, however, as a result in my participation in the Youth Villages Inner Harbour Campus T.O.U.G.H. Trail Run, I require medical attention, I hereby give consent for the T.O.U.G.H. Run officials to authorize medical personnel to provide such medical care as deemed necessary. By completing and signing this form I recognize and acknowledge that I assume the risk and the risk to the minor child or children for whom I am executing this form the risks of physical injury inherent in this strenuous activity that may occur while participating. Such injury might include broken bones from slip and fall injuries, incidents with road vehicles or machinery, heart attack or stroke, stress fractures, twisted ankles, knee injuries, injuries to the limbs, body and head. I (we) further agree to waive and relinquish all claims my minor child/ward or I (we) may have (or accrue to me or my child/ward) as a result of participating in this program/activity against Youth Villages, Inc., along with unnamed sponsors and the City of Douglasville including their officers, agents, volunteers, employees and sponsors and benefiting organization. I (we) do hereby fully release and forever discharge them from any and all claims for injuries, damages or loss that my minor child/ward or I (we) may have, or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity.

Please sign below to accept waiver:

(Print Name)

(Signature)

