



Trail Crushers Sign-Up

\$100 for eight weeks or \$15 for drop-ins

Name: _____ Age: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Thursdays @ 9:30am

June 29 - Aug 17

E-mail: _____

Emergency Contact: _____

Health Concerns or Allergies: _____

Total Paid: _____

Let's Crush some Trails!

Waiver and Release of Liability

In consideration of being allowed to participate in any way in the Trail Crushers and its affiliates (Route 16, Dirty Girl Trail Runners, PenMet Parks, Peirce County) and its related events and activities, I, the undersigned acknowledge, appreciate, and agree that risk of injury from the physical activities involved in this program (aka running & walking) are significant, and while particular skills, equipment, and personal discipline may reduce the risk, the risk of serious injury or death does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation, and I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the coaches immediately; and I, for myself, on behalf of my heirs, assigns, personal representatives, and next of kin hereby release, indemnify, and hold harmless Trail Crushers and Route 16 Running & Walking and their agents, employees coaches, volunteers, officers, owners, directors, successors, and assigns and any and all sponsors, their representatives and successors ("releases") with respect to any and all injury, disability, death, or loss or damage to person or property associated with my presence or participation whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law.

I attest that my child is in good health and physically capable of participating in the Trail Crushers Training Program, and my medical care provider has approved her participation. Further, I hereby release, consent to, and authorize in advance any such use of my name, photograph, voice, or likeness by the foregoing parties in any manner they deem appropriate and necessary without remuneration to me.

For parents/guardians of participants of minority age (under 18 at time of registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the releases, and, for myself, my child, and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the releases from and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from the negligence of the releases, to the fullest extent permitted by law

Signature: _____ Print: _____ Date: _____

Print Child's Name: _____