



Cabot Lions Club



CABOT LIONS CLUB HEROES FOR HEALTH 1K Run/Walk

REGISTRATION FORM

Please submit a form for EACH child participating

T-Shirt Size: _____ **S** _____ **M** _____ **L** _____ **XL** _____ **XXL adult sizes**
_____ **S** _____ **M** _____ **L youth sizes**

Pre-register by April 19, 2013 to ensure availability of T-Shirt:

Participant _____
(Please Print) First Middle Last

Date of Birth _____ Age _____

Parent(s) _____
(Please Print) First Middle Last

Address _____
Street City State Zip

Email Address _____ Phone # _____

**Release and Indemnification
Children Must Be Accompanied by an Adult**

The Lions Club 1K Run/Walk involves an aerobic workout which may include risks such as, but not limited to, falls, interaction with other participants, and effects of weather. In consideration of being allowed to participate in this event, I hereby expressly assume all risks including personal injury and death, arising out of my child's participation in related activities.

It is my responsibility to dress my child appropriately. Although refreshments and other assistance may be made available during this event, I am solely responsible for my own child's health and safety. I represent and warrant that my child is physically fit and able to participate in this event and I agree to stop and request assistance if they experience any symptoms such as, but not limited to, dizziness, excessive fatigue, shortness of breath, pain or any other condition which would make it difficult or unsafe to continue.

I agree for myself, my heirs, executors and administrations, to not sue and release, indemnify and hold harmless the Cabot Lions Club, Cabot School District, ArkansasRunner.com, and their affiliates, officers, directors, volunteers and employees, and any sponsoring businesses and organizations and their agents and employees from any and all liability, claims, demands, and causes of action whatsoever, arising out of my child's participation in this event and related activities whether it results from negligence of any of the above or from any other cause.

This release and indemnification agreement shall be as broad and inclusive as is permitted by the State or Province in which the event is conducted. If any portion of it is held invalid, the balance shall continue in full force and effect.

I have read, understand and agree to the terms of this Agreement.

Parent's Signature

Date

I am the legal guardian of the participant, and I hereby consent to his/her participation. I have read the foregoing release and indemnification agreement, and I hereby agree on behalf of myself and the participant to its terms.

Print name of Parent/Guardian