



2018

Participant

Registration Form

*Please complete all of the information requested on both pages of this registration form. Incomplete registration forms will not be processed and participants will not receive confirmation of registration. If a section is not applicable, please write N/A. The Release and Waiver of Liability Agreement is **required**, failure to sign is failure to register and participation will not be granted.*

First Name:

Last Name:

Gender:

Date of Birth:

Age on Race Day:

Email Address:

Phone Number:

Mailing Address:

REGISTRATION FEE INFORMATION

Please select your level of participation:

Half Marathon - \$55.00

10K - \$35.00

If registering after August 14, 2018, the rates for participation increase as indicated below. Please select your level of participation:

Half Marathon - \$70.00

10K - \$45.00

Total Enclosed: \$

PARTICIPANT SHIRT INFORMATION

Please select your shirt size:

Youth Large/X-Small

Small

Medium

Large

X-Large

XX-Large

RELEASE AND WAIVER OF LIABILITY AGREEMENT

In consideration of being permitted to compete, officiate, observe, work for, or participate in any way in the Scenic Half Marathon at Sandpoint, including the 10K and Half Marathon events ("Events"), each of the undersigned, for himself, his personal representatives, heirs, and next of kin agrees to the following:

- 1. ASSUMPTION OF RISK:** Hereby assumes full responsibility for any risk of bodily injury, death or property damage arising out of or related to the Event(s) whether caused by the negligence of releasees or otherwise. The undersigned acknowledges that the activities of the Event(s) are very dangerous and involve the risk of serious injury and/or death and/or property damage. Each of the undersigned, also expressly acknowledges that injuries received may be compounded or increased by negligent rescue operations or procedures of the releasees. Running and road racing is and can be a potentially dangerous activity.
- 2. INDEMNIFICATION FROM NEGLIGENCE:** HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees and each of them FROM ANY LOSS, LIABILITY, DAMAGE OR COST they may incur arising out of or related to the EVENT(S) WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, NEGLIGENT RESCUE OPERATIONS, OR OTHERWISE.
- 3. WAIVER OF LIABILITY:** HEREBY RELEASES, WAIVES, FISCHARGES AND COVENANTS NOT TO SUE the promoters, participants, racing associations, sanctioning organizations or any subdivision thereof, track operators, track owners, officials, rescue personnel, sponsors, advertisers, owners and lessees or premises used to conduct the EVENT(S), premises and event inspectors, surveyors, underwriters, consultants and others who give recommendations, directions, or instructions or engage in risk evaluation or loss control activities regarding the premises or EVENTS(S) and each of them, their directors, officers, agents and employees, for all the purpose herein referred to as "Releasees," FROM ALL LIABILITY TO THE UNDERSIGNED, ANY CLAIM OR DEMANDS THEREFORE ON ACCOUNT OF INJURY TO THE PERSON OR PROPERTY OR RESULTING IN THE DEATH OF THE UNDERSIGNED ARISING OUT OF OR RELATED TO THE EVENTS(S), WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
- 4. OFFICIAL RULES:** Agrees to abide by and follow the rules and requirements for this event and follow the direction and decisions of race directors, race marshals and other officials. The undersigned understands that violation of the rules, as determined by the race director, may result in disqualification, exclusion from the Events, deletion of official time and prohibition from future participation. These rules include no headphones, pets, vehicles or bicycles during the event. If applicable, the undersigned agrees to payment of \$100.00 for failure to return or loss of the timing chip.
- 5. USE OF LIKENESS:** I also grant the Greater Sandpoint Chamber of Commerce, Inc. and/or its agents, the right to use my photo or likeness for any marketing or related events.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Printed Name:

Signature:

Date:

PAYMENT INFORMATION

Please make checks payable to the Greater Sandpoint Chamber of Commerce or complete the credit card information below.

Credit Card Number: _____ Card Type: VISA MC

Expiration Date: _____ CCV Code: _____

Please submit payment along with this completed form to the following address:

Greater Sandpoint Chamber of Commerce
ATTN: Scenic Half Marathon Team
Post Office Box 928 Sandpoint, ID 83864