CAMPBELLSVILLE "COLOR TO CONQUER" supporting ST BALDRICKS Sunday April 23 2:30 Pittman Creek Trail Please complete below and bring to event ENTRY Check one 5K Participants name_____ _______State _______Phone______ Address____ M/FIf under 18 Parent Name Address Age _____ _____ State _____ Parent contact phone____ REGISTRATION AT EVENT: \$20 donation Adults/ \$10 donation kids requested to cover powder and to benefit pediatric cancer research. ****TSHIRT ORDERS FOR THOSE INTERESTED PLACED AT EVENT--\$10.00 cost Registration 1:45-2;15 at Pittman Creek Trail parking lot (May need to use Trace Creek softball park lot for parking) **ALL PARTICIPANTS** Waiver and release of all claims and assumption of risks I recognize and acknowledge that there are certain risks of physical injury to participate in COLOR TO CONQUER., and I voluntarily and knowingly agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I may sustain as a result of said participation. I further agree to waive and relinquish all claims I may have (or which may accrue to me) as a result of my participating in these activities against COLOR TO CONQUER, including its owners, managers, officers and employees, the race officials, agents, volunteers, sponsors, and the owners and operators of the venue(hereinafter referred to as Administrators). Participants registering for the run/dash, program activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs. I agree that I am solely responsible for determining if I am physically fit and/or skilled for the run/dash or activities contemplated by this Assumption and Release. It is always advisable, especially if the participant is pregnant or disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity. I, for myself and my heirs, do hereby fully release and forever discharge the Administrators from any and all claims for injuries, including death or incapacity, illness, damages, expenses or loss that I may suffer arising out of, connected with, or in any way associated with the run/dash, program or activities including injuries caused or associated with transportation to and from the event. I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. PARTICIPATION WILL BE DENIED, if I have not signed this waiver before the start of the event. I have read and fully understand the above information, warning of risk, assumption of risk and waiver and release of all claims. Age on Date of Event Name (Printed) Name (Signed) Date Sign This If you are the parent or guardian of a participant under the age of 18: I, the parent and guardian of the above named participant, have read through the waiver and all its terms and I hereby give my approval of this child's participation in COLOR TO CONQUER in Campbellsville. I assume all risks and hazards incidental to my child's participation in DASH TO CONQUER and I waive, release and absolve, indemnify and agree to hold harmless the Administrators, as identified above for any injury to my child and from any and all claims, causes of action, obligations. Lawsuits, charges, complaints, controversies, covenants, agreements, promises, damages, costs,, expenses, responsibilities, of whatsoever kind, nature or description, whether direct or indirect, in law or in equity, in contract or in tort, or otherwise, whether known or unknown, from all claims or liabilities of any kind arising out of or connected with my child's participation in COLOR TO CONQUER. I consent to the foregoing and grant permission for him/her to participate in COLOR TO CONQUER. I acknowledge I have

carefully read, accepted and agreed to the terms on this Assumption and Release and Liability waiver, and know and understand their contents and

Age on date of race_____ Today's date_____

This event supports St. Baldrick Foundation. All donations are tax deductible

Parent or Guardian Name (Printed) ______Parent or Guardian Name Signature ___

I sign the same on my own free act and deed.

Child Name (Printed) ____

Contact:

Donna Wise 270 403-7140 or dwise@campbellsville.edu Kristin Jacob 859 967-4447

Jenny Jessie 270 403-2882 Katie Irwin SNYDER 859 421-9370

CAMPBELLSVILLE	"COLOR TO CONQUER"	supporting ST BALDRICKS	Sunday April 23 2:30	Pittman Creek Trail
	Please	e complete below and bring t	o event	
1. I understand	that participating in COLO	R TO CONQUER is a potentially I	nazardous activity where p	owdered color
(cornstarch) will be the	rown at and around me dur	ing the course of the event.		
2. I agree not t	o participate unless I am m	edically and physically able, whi	ch I am solely responsible	to determine.
3. I agree to ab	oide by and decision of an e	vent official relative to my abilit	y to safely complete the re	un/dash, which decision is
at the sole discretion o	of the event official and I ag	ree lack of a decision does not c	reate any liability whatsoe	ever.
	-	eting in COLOR TO CONQUER, in	_	-
		ner participants, any defects or		
the weather including	high heat, cold temperature	es, storms and/or humidity. All	such risks being known, a	ssumed and appreciated
by me.				
		t responsible for personal items	or property that are lost,	stolen, stained or
damaged at or during				_
		d transportation in order to obt		
		is Assumption and Release exter		out of, or in any way
		portation provided in the event	- '	
		ot permitted to participate or ac		
		he right in any event of emerge		aster to cancel the
		ge there is no refund of entry fe		
		JER, its affiliates and sponsors to	, , , , ,	
		including, but not limited to pro		
		or other records of the event are		
		ropriate behavior at all times, in		•
	-	ve, positive participation. COLC		
		tively affects run/dash, a persor		
	idemnify COLOR TO CONQL	JER, its affiliates and assigns, fro	om any and all third party of	laims caused in whole or
part by my actions.				
	sk of insects that may be pro		oo aga af 10 and in additio	.n to ma may
		8 years old, ORI am under the	ne age of 18 and in addition	n to me my
Parent/Guardian has n	eviewed this waiver and co	nsented to its terms.		
	0:1	.	11 _	
	City o	f Campbellsvi	lie	
	_	d Harmless Release Fo		
COLOR TO	CONQUER	Sunday, April 23	3 2:30 pm 2	:017
_	•	se the City's property ι	ipon my amininativi	s acceptance of
the following te	rms:			
			• •• •••	
		from all liability in con		
		ld harmless the City O		
employees from	ı and against all cla	ims, damages and exp	enses including at	torney's fees.
	-	-	-	-
Print Nam	ne:	S	Signature	
		•	U	

Registration Sunday April 23 1:45--2:15 parking lot at Pittman Creek Trail (you may need to use Trace Creek softball parking lot for parking)