



RACE REGISTRATION

Name: _____ Age: _____

Street: _____ DOB: _____

City: _____ State: _____ Zip: _____

E Mail: _____ Gender: M / F

Home Phone: _____ Mobile Phone: _____

| RACE | PRICE: Now / 8/1-9/17 / Race Day | QUANTITY |
|-------------------------------------|---|-----------------|
| 5k Devil Mountain Run | \$35 / \$40 / \$45 | _____ |
| 5k Devil Mountain Run - 12 & Under | \$30 / \$35 / \$40 | _____ |
| 10k Devil Mountain Run | \$45 / \$50 / \$55 | _____ |
| 10k Devil Mountain Run - 12 & Under | \$40 / \$45 / \$50 | _____ |
| Kids Fun Run | FREE | _____ |
| Buddi Love DOG MILE | \$20 / \$25 / \$28 | _____ |
| MILE OF TRUTH | | |
| Open (14 and Under) | \$23 / \$26 / \$29 | _____ |
| Women 40+ | \$28 / \$31 / \$34 | _____ |
| Men 40-49 | \$28 / \$31 / \$34 | _____ |
| Men 50+ | \$28 / \$31 / \$34 | _____ |
| Women Open/Elite (prize money) | \$28 / \$31 / \$34 | _____ |
| Men Open/Elite (prize money) | \$28 / \$31 / \$34 | _____ |
| Buddi Love Dog Mile | \$20 / \$25 / \$28 | _____ |

Make checks payable to:

Team Blue Sky Events, Inc.
 590 Lennon Lane Suite 120-E
 Walnut Creek CA 94598

CONTINUE ON BACK AND SIGN WAIVER

ACCIDENT WAIVER and RELEASE OF LIABILITY

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of the athletes, equipment, vehicular traffic, actions of other people including but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors and/or producers of the event, and lack of hydration. These risks are not only inherent to athletics, but are also present for volunteers. I hereby assume all of the risks of participating and/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault. ____ (INITIAL)

I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person.

I acknowledge that the Accident Waiver and Release of Liability form will be used by the event holders (Team Blue Sky Events, Inc), sponsors, and organizers, in which I may participate, and that it will govern my actions and responsibilities as said events.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (a) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me including my traveling to and from this event, the following entities or persons; TBSE, Inc, SVE Timing, Town of Danville, Community Bank of the Bay, Cole European, Perception Real Estate Group, Inc. Forward Motion Sports, East Bay Regional Parks District, Contra Costa County, their officers, employees, volunteers, representatives, and agents, all other , event sponsors, event directors, event volunteers; (b) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether caused by the negligence or release or otherwise ____ (INITIAL)

I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during this event.

I understand that at this event or related activities, I may be photographed or video taken of me. I agree to allow my photo, video, or likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and/or assigns. This Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read the document; and, I understand its content.

Print Participant Name

Age

Signature

Date

PARENT GUARDIAN WAIVER FOR MINORS (UNDER 18 YEARS OLD)

The undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardians.

Print Parent/Guardian Name

Age

Signature of Parent/Guardian

Date