

# Gila River Wellness Center Mud Dash

*Pre-Registration 13+ WITH PARENT/GUARDIAN CONSENT*

***DEADLINE: FRIDAY AUGUST 31<sup>ST</sup>, 2018 @ 5:00PM***



First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

T-Shirt Size:      S      M      L      XL      2XL      3XL      4XL

IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN THE USAGE OF THE ABOVE-LISTED EVENT (S) I \_\_\_\_\_,

FOR MYSELF, MY HEIRS, RELATIVES, EXECUTORS, ADMINISTRATORS AND ASSIGNS, RELEASE AND FOREVER DISCHARGE THE GILA RIVER INDIAN COMMUNITY, OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, SPONSORS, AND ANY AFFILIATED OR RELATED COMPANY, ENTITY OR COMMITTEE (ALL REFERRED TO AS RELEASES), OF ANY AND ALL LIABILITIES, CLAIMS, ACTIONS, DAMAGES, COSTS OR EXPENSES, OF WHATEVER KIND OR NATURE, WHICH I MAY HAVE AGAINST THEM ARISING OUT OF OR IN ANY WAY CONNECTED WITH MY PARTICIPATION IN SUCH EVENTS. INCLUDING PERSONAL BODILY INJURIES, DEATH AND/OR PROPERTY DAMAGE WHICH MAY BE SUFFERED BY ME BEFORE, DURING OR AFTER THE EVENT. I REPRESENT THAT I AM IN SUFFICIENT HEALTH NECESSARY TO PARTICIPATE IN THIS ACTIVITY. I UNDERSTAND THAT THIS WAIVER AND RELEASE INCLUDES ANY CLAIMS BASED ON NEGLIGENCE, ACTION OR INACTION OF ANY OF THE RELEASEES. I ASSUME FULL RESPONSIBILITY FOR ALL RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE DUE TO NEGLIGENCE OF ANY TO THE RELEASEES OR OTHERWISE WHILE PARTICIPATING IN ANY ACTIVITIES OR EVENTS AT THE MCT FAIRGROUNDS.

Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_

***\*\*Turn registration form in @ the Wellness Center Front Desk\*\****

