

# Gila River Wellness Center: "Out Run the Sun" Mud Dash

*Pre- Registration Begins: MONDAY AUGUST 5<sup>TH</sup>, 2019*

*13+ WITH PARENT/GUARDIAN CONSENT*

*DEADLINE: FRIDAY AUGUST 30<sup>TH</sup>, 2019 @ 4:00PM*

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

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 AND/OR AFTER THE EVENT. I UNDERSTAND THAT THIS WAIVER AND RELEASE INCLUDES ANY CLAIMS BASED ON NEGLIGENCE, ACTION OR INACTION OF ANY OF THE RELEASES. I ASSUME FULL RESPONSIBILITY FOR ALL RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE DUE TO NEGLIGENCE OF ANY TO THE RELEASES OR OTHERWISE WHILE PARTICIPATING IN ANY ACTIVITIES OR EVENTS AT THE MUL CHU THA FAIRGROUNDS. I HEREBY ENTER THE ABOVE ACTIVITY AT MY OWN RISK. I REPRESENT THAT I AM IN SUFFICIENT HEALTH NECESSARY TO PARTICIPATE IN THE ACTIVITY. I FURTHER AGREE THAT THE GILA RIVER INDIAN COMMUNITY, THE DISTRICT STAFF AND/OR FACILITY ALONG WITH THE TRIBAL RECREATION/WELLNESS CENTER WILL NOT BE LIABLE AND/OR RESPONSIBLE FOR ANY BODILY INJURY, THEFTS OR DAMAGES INCURRED PRIOR, DURING OR AFTER THE EVENT. I WILL MAKE NO CLAIM AGAINST THE GILA RIVER INDIAN COMMUNITY, DISTRICT STAFF, TRIBAL RECREATION/WELLNESS CENTER, OR INSTITUTE ANY LEGAL PROCEEDINGS FOR THE PERSONAL INJURIES OR PROPERTY DAMAGE ARISING FROM THIS COMMUNITY EVENT.

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

**Please turn in completed registration forms to the  
Wellness Center Front Desk**