



SEARCY LION FOUNDATION TURKEY TROT REGISTRATION – Nov. 25, 2021

MAKE CHECKS PAYABLE TO: SEARCY LION FOUNDATION
Return Registration to: 100 North Spring Street, Searcy, Arkansas 72143

Please Print

Activity: Searcy Lion Foundation Turkey Trot/5K Event Nov. 25, 2021 – 8:00 AM – Searcy Court Square

Participant Information: Name: _____ Date(s) : _____

Street Address: _____ Age: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Cell Phone: _____

T-Shirt Size: S _____ M _____ L _____ XL _____ XXL _____ XXXL _____

Read this Acknowledgment of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document.

If you are under the age of 18, this form must be signed by you as the participant AND by your parent or legal guardian.

I know that participating in the Searcy Lion Foundation 5K or Turkey Trot (the ACTIVITY) is a potentially hazardous activity and I should not enter and participate unless I am medically able and properly trained. I acknowledge and assume any and all risks associated with the ACTIVITY including, but not limited to, traffic on the course route, falls, contact with other participants, and the condition of the course, including, but not limited to, curbs, cars, uneven pavement, potholes, rocks, and objects on the course surface. Knowing and appreciating these risks and in consideration of your acceptance of my entry, I hereby for myself, my heirs, representatives or anyone else claiming on my behalf, covenant not to sue, and waive, release, and discharge Searcy Lion Foundation, its volunteers, and sponsors, and anyone else acting for or on behalf the Searcy Lion Foundation 5K or the ACTIVITY for any and all claims of liability for death, personal injury, or damage or any kind arising out of my participation in this run. This Acknowledgment of Risk and Waiver of Liability extends to all claims of every kind whatsoever I also consent to emergency treatment in the event of injury or illness. I further agree to abide by the Center for Disease Control’s (CDC) recommendations for the prevention of the spread of the 2019 Novel Coronavirus Disease (COVID-19) and other communicable diseases, and I attest to having read the CDC’s guidance at <https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html>. I grant full permission to Searcy Lion Foundation and/or any person or entity authorized by it to use my name, age, date of birth, finish place and finish time in the public domain. I further grant full permission for Searcy Lion Foundation to use any photographs, recordings, or any other record of this event for any purpose. **My signature acknowledges that I have read the above waiver and I agree and accept all terms and conditions set forth herein.**

Emergency Contact Name: _____ **Telephone#** _____

In signing the Acknowledgment of Risk and Waiver Liability I hereby acknowledge and represent: (a) that I have read this document in its entirety, understand it, and sign it voluntarily; and (b) that this Acknowledgment of Risk and Waiver of Liability is the entire agreement between the parties hereto and its terms are contractual and not a mere recital and waive any right to have any provision hereof heard by a jury as to any issue. This waiver is a fundamental condition to my ability to participate in the ACTIVITY and I understand that I would not be able to participate in the ACTIVITY absent this waiver..

Participant Signature: _____ **Date:** _____

REQUIRED FOR ALL PARTICIPANTS UNDER 18 YEARS OF AGE:

PARENT OR GUARDIAN’S AUTHORIZATION FOR MEDICAL CARE AND CONSENT AGREEMENT

I certify that I am the parent or legal guardian of the above-named participant in the ACTIVITY. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the participant as a dependant, I have read the above agreement, I understand the contents of this Acknowledgment of Risk and Waiver of Liability, assent to its terms and conditions, and sign this registration and acknowledgment of risk and waiver of liability of my own free act. I acknowledge that my dependent and I have agreed to the terms and conditions of my dependent’s participation in the ACTIVITY, and I hereby give my consent to participation by my dependent in the ACTIVITY, and to receive medical treatment determined to be necessary. I further agree to hold harmless, indemnify and defend the SEARCY LION FOUNDATION from and against all claims, demands or suits that my dependent has or may have.

Parent or Guardian Signature: _____ **Date:** _____