

# Run the Palouse Registration/Waiver

Sat. June 1st, 2024 - Freeman High School

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

T-shirt size: (circle one) Youth XS S M L Adult XS S M L XL 2XL 3XL 4XL

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Race: (circle one) 1 Mile - \$20 if registered by 5/16, after 5/16 - \$25 (shirt not guaranteed)  
5K - \$25 if registered by 5/16, after 5/16 - \$30 (shirt not guaranteed)

In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all rights and claims for damages or injuries that I may have against the Event Director, Freeman High School, and all of their volunteers and employees assisting with the event, sponsors and their representatives for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typically found in running a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition.

In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/or physician any treatment deemed necessary for my (or my child's) immediate care. I understand the Freeman School District does not purchase or have medical/dental/hospitalization insurance to cover an injury while participating in this event. Further, I agree to indemnify and hold harmless the Freeman School District. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization.

Further, I grant permission to all the foregoing to use my name, voice and images of myself (or my child) in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes.

This event follows the standard running industry policy: All entry fees are non-refundable. We reserve the right to postpone or cancel the event due to circumstances beyond our control such as a natural disaster or emergency or as required to protect the safety of participants and staff. No refunds will be issued under these circumstances. We reserve the right to change the details of the event without prior notice. I understand that my entry fee is nonrefundable and bib numbers are non transferable.

By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver including the no refund policy.

Signature (if over 18): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if minor): \_\_\_\_\_ Date: \_\_\_\_\_

## **PAYMENT OPTIONS:**

Payments by cash/check/cc can be made in person at Freeman High School during office hours. M-F 7:45am-3:15pm.

\_\_\_\_ Payment can be made online here: <https://wa-freeman-lite.intouchrecepting.com/RunThePalouse>

\_\_\_\_ Enclosed is my check for amount: \_\_\_\_\_ payable to Freeman High School  
Mail to: Freeman High School Attn: Kristal 14626 S. Jackson Rd. Rockford, WA 99030