

# Dirt Kicker Charity Run Registration

Sunday, August 2, 2020 [www.dirtkickerrun.com](http://www.dirtkickerrun.com)



**(Please Print)**

Participant Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell: \_\_\_\_\_ Age on Race Day: \_\_\_\_\_

Email: \_\_\_\_\_ Gender: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

Fill in Race Category Below:

_____	Walk 5K	\$20 (ages 7 - 17)
_____		\$40 (ages 18+)
_____	Run 5K	\$20 (ages 7 - 17)
_____		\$40 (ages 18+)
_____	Run 10K	\$20 (ages 7 - 17)
_____		\$40 (ages 18+)
_____	Half Marathon	\$40 (ages 14+)
_____	Total Due	

Make Checks Payable to:

Circle T-Shirt Size: Adult: S, M, L, XL, XXL  
Adult: XXXL  
Youth: S, M, L

**Dirt Kicker Charity Run**  
7200 N Washington Street  
Bismarck, ND 58503

**Office Use** - - - - -

PAYMENT MADE: Online \_\_\_\_\_ Check #: \_\_\_\_\_ Credit Card: \_\_\_\_\_ Cash: \_\_\_\_\_

BIB COLOR/NUMBER: \_\_\_\_\_

REGISTRATION NUMBER \_\_\_\_\_ Participant Waiver Signed \_\_\_\_\_

# Participant Liability Waiver Form

June 14, 2020

## A legal, binding document that releases liability.

I know that running or volunteering for a road race is a potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained. By my signature, I certify that I am medically able to perform this event, in good health, and properly trained. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or loss or damage to property owned by me, as a result of participation in this course.

I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I assume all risks associated with running in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic, hills, and the conditions of the roads, all such risks being known and appreciated by me. If transported to a medical facility, I agree to pay for those services or reimburse any organization that initially pays. I agree to carry medical, liability and life insurance to cover any damages incurred. I understand that bicycles, skateboards, roller skates or roller blades are not allowed in the race.

Having read this waiver and knowing these facts and in consideration of Dirt Kicker Charity Run accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Dirt Kicker Charity Run, Dakota Conference of Seventh-day Adventists, The Dakota Conference Corporation of Seventh-day Adventists, Dakota Adventist Academy, Mid-America Union Conference of Seventh-day Adventists, and the General Conference of Seventh-day Adventists, and its affiliates, Burleigh County, and all event sponsors, their representatives and successors from all claims or liabilities of any kind, including attorney fees, arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons and organizations named in this waiver, and/or signed below.

In signing this release, I acknowledge and represent that I HAVE READ THE FOREGOING Liability Waiver Form, UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have been made and I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME. I UNDERSTAND I AM GIVING UP CERTAIN LEGAL RIGHTS. BY SIGNING THIS I UNDERSTAND THAT I CANNOT SUE FOR ANY REASON. IF I DO SUE, I CANNOT COLLECT. IF I SUE AND LOSE, I WILL OWE FOR THE EXPENSES INCURRED. THIS AGREEMENT INCLUDES ANY INJURIES TO ANY CHILD WHEN SIGNED BY HIS OR HER PARENTS.

I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose. I have been given opportunity to contact other persons regarding this release.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's Signature if under 18 years: \_\_\_\_\_

Date: \_\_\_\_\_