

TINY MILE TURKEY TROT



Participant Number

To be filled in by staff



November 15th, 2009
Race Starts at 11:30 a.m.
\$10.00 race entrance fee
Special Discounted Park
Entry Fee \$4.00 per vehicle!

DIVISION

All Ages Welcome to Participate!

For kids 8 years of age and under:
 Top 3 kids to complete the
 course wins a turkey!

Every participant who
 finishes the race will receive a
 completion medal!

Name _____ Age _____

Address _____

Phone () - City _____ State _____ Zip _____

Emergency Contact _____ () -

Amount Paid \$ _____ Cash Check T-Shirt Size _____ (1st 100 Participants)

Email _____

Are you interested in learning more about Friends of Lopez Lake? Yes No

ACKNOWLEDGMENT & ASSUMPTION OF POTENTIAL RISK:

For and in consideration of _____ [insert name] (the "Participant") participation in the San Luis Obispo County sponsored recreation program, event and/or fun run, (the "Program"), I acknowledge and agree to each of the following: The County of San Luis Obispo does not maintain health insurance for injuries to Program participants, including the participating minor, that may arise out of their involvement in the Program. The activities which the participating minor may be involved, by their very nature, pose the potential risk of serious injury/illness or death. By signing this form, I agree to assume liability and responsibility for any and all potential risks which may be associated with participating in such activities. The County, its officers, agents and employees, shall not be liable for any injury/illness or death suffered by the Participant which is incident to and/or associated with preparing for and/or participating in the activities and I release, waive, discharge and covenant not to sue the County, its officers, agents and employees for any such liability and from such claims for injury, death or damages. I represent that I the Participant or the participating minor has no known medical condition which may pose a risk to the health and safety of others by participating in the Program and I hereby certify that no physician, surgeon, or other licensed health care practitioner has advised me, after due inquiry, that I the Participant or the participating minor should not participate in the Program. I recognize that participation in all activities of the Program are voluntary. I understand that photos and/or videos of the myself as the Participant or the participating minor's participation in these activities may be taken for the sole purpose of marketing and promotion of future programs. I agree that such photographs, including video and film, of I the Participant or the participating minor may be used without charge by the County of San Luis Obispo.

SIGNATURE (PARENT/LEGAL GUARDIAN) _____

(Please Print): _____ **Date:** _____

DISQUALIFICATION POLICY:

I, the undersigned, understand that any deviant or inappropriate behavior while participating in or observing the activity will result in immediate disqualification. I also understand I will not receive registration refund if disqualified.

Participant Initials _____