

Mad Dog Scramble 2017 Registration

First name: _____

Last name: _____

Date of Birth: _____ Age on Race Day: _____ Sex: M / F

Address: _____

City: _____ Prov/State: _____

Postal/Zip Code: _____

Email: _____

* Please provide as it's our sole means of communication with racers

Medical Info: _____

Medications Used: _____

* What is your best recent 5K time? _____

* What is your best recent 10K time? _____

* Required for seeding in waves

Waiver

I know that participating in physical fitness events is a potentially hazardous activity. I agree not to participate unless I am medically able and properly prepared. I should not participate without my physician's approval. I agree to abide by any decision of an event official concerning my ability to safely participate. I assume any and all risks associated with the event; including but not limited to, falls, contact with other persons or objects, the effects of weather, traffic and course conditions. As a condition of my entering this event, I, for myself, any accompanying minors, and anyone entitled to act on my behalf, waive and release Running Room Sports Inc., XSNRG Running Club, Toronto and District School Board, Park Lane Public School, City of Toronto, any associated or related entities, their directors, officers, employees, agents, representatives, sponsors, volunteers, and organizers (herein collectively called "Event Organizers"), from present and future claims and all liabilities of any kind, known or unknown, arising out of my participation in this event or related activities, even though such claim or liability may arise out of negligence or fault on the part of the Event Organizers. I agree that the Event Organizers shall not be liable for any personal injury, death or property loss, and I release the Event Organizers and waive all claims with respect thereto. In the event my registration fees are paid, I agree to be bound by the provisions of this waiver. I grant permission to Event Organizers to use or authorize others to use any photographs, motion pictures, or any other record of my participation in this event or related activities without remuneration. Applications for minors shall be accepted only with a parent's signature and should be signed by the minor.

I have read this Waiver. I understand and accept its terms.

Name: _____

Date: _____

Parent's Name: _____

Date: _____

(If applicant is under 18 years old)