

**2019 Kokopelli Kid's Summer Running Series
Registration Form:**

Last Name: _____ **First Name:** _____ **M.I.** _____

E-Mail Address _____

Phone Number _____ **Gender:** M ___ F ___ **Age:** _____

Race you would like to run: 8 and Under race ½ Mile _____ Ages 9-14 race 1.5 Mile _____

Entry Fee:

Series Cost \$40.00 _____ (includes race shirt)

Shirt Size: Youth S _____, Youth M _____, Youth L _____, Adult S _____,

Individual Race \$15.00 _____ Race Date you plan to race: May 31 _____ June 28th _____ July 26th _____

Make checks payable to Rainsberger Athletics: mail to: 2548 Forest Oaks Point, Colorado Springs, CO 80906

I, for myself, my heirs, and anyone entitled to act on my behalf, waive and release Lisa Rainsberger and all sponsors, all volunteers, traininggoals.com, kokopellikids.com, COS Parks and Rec., Colorado Running Company, all event sponsors their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of one or more parties named in this waiver.

The undersigned Participant understands and is aware of the risks and hazards of trail running races in general and this Event, The Kokopelli Kids Summer Series in particular. I represent that I am physically fit and capable of participating in this event and further represent that if I have any question regarding my fitness for this Event, I've consulted with a physician. I assume all risks associated with my participation in this Event, even if those risks are caused by the negligence of someone else. I discharge and release forever Rainsberger Athletics and any other sponsors or organizers together with their respective officers, agents employees and other representatives of any liability whatsoever for any claim for damage, injury or death that may happen during my participation in this Event. I understand that there is no obligation to provide me with medical care as a result of my participation in this Event, but that if such emergency care is provided, all of the terms of this Agreement shall apply. We will have medical staff on side along with First Aid Kit. The organizers of this event may use my likeness, or photograph for any purpose without compensation to me. In other words... you assume the risk and hold all involved with this event held harmless.

PARENT or GUARDIAN (if entrant is under 18)

As Parent of the Participant, I understand and accept that all above conditions apply to both of us.

Parent or Guardian Signature: _____

Participant Name: _____ Participant Name: _____

