



Notice of Risk & Liability Release

**Levee Loop Annual Fitness Festival
Trail Run Registration**

use this form only if not registering online at www.srosrc.org/registration.htm

Name _____

Address _____

City _____ State _____ Zip _____

residence in: Stroud Township Stroudsburg East Stroudsburg other

Date of Birth _____ T-Shirt Size _____ Gender: M F

Phone: _____ Email: _____

notify me by email of new program announcements

Medical Conditions/Special Needs: _____

Parent/Guardian _____ Phone _____

Emergency Contact: _____ Phone _____

Fee: \$20 early registration by May 9; \$25 after May 9 \$ _____

Optional Annual Friends Membership (fill out separate application) \$ _____

Less 5% Membership Discount (total program fees x .05) \$ _____

Total enclosed (make payable to SROSRC) \$ _____

I have the read and understand the Notice of Risk and Liability Release.

Signature: _____
(a parent or guardian must sign for anyone under 18 years of age)

1. I hereby give my permission for my child(ren)/self to participate in the program(s) on the registration form.
2. I recognize, understand, and acknowledge that, as in all activities, there is always the inherent risk of injury up to and including death.
3. I recognize, understand, and acknowledge that any and all rules, guidelines, and safety procedures are established for the safety and protection of all participants and agree that my child(ren)/self will comply with all rules and policies involved with this program.
4. I recognize, understand, and acknowledge that my child(ren)/self will be expected to abide by the established rules, guidelines, and safety procedures and to obey the staff, assistants, and all staff members assigned to direct this program.
5. I certify, to the best of my knowledge, that the current physical condition of my child(ren)/self is satisfactory for participation, that the above is free of any health problems which would jeopardize participation, that I will notify the staff immediately should the above condition change at any time during participation in the program, and that, upon request, I will furnish proof of current physical examination.
6. I recognize that failure to comply with the above-mentioned items could result in immediate suspension and/or dismissal from the program.
7. The staff and/or sponsors have my permission to have a physician and/or emergency medical service treat and/or transport my child(ren)/self, if needed, at any time during participation in the program(s) on the registration form.
8. In consideration of participation by my child(ren)/self in the program(s) on the registration form, I, the under-signed, do hereby agree to hold harmless and indemnify the Stroud Region Open Space & Recreation Commission, its agents, servants, and employees against any claims for and on account of any and all injuries sustained by my child(ren)/self as a result of participation in the above-mentioned program, including, but not limited to, claims on account of any negligence by SROSRC or any of its employees, agents, or subcontractors.
9. The staff and/or sponsors have my permission to photograph my child(ren)/self. I understand that these photographs may be used in future promotional brochures, flyers, or news releases.
10. SROSRC has a zero tolerance policy with regards to the use of controlled substances, tobacco products, alcoholic beverages, weapons, and vulgar language.

date received _____ amount received _____ check no. _____ by _____