



# TEAM REGISTRATION

(Team = Recommended 5 person max)

Team Name: \_\_\_\_\_

Member #1 :	_____	M/F DoB	_____	Tee*	_____
Member #2 :	_____	M/F DoB	_____	Tee*	_____
Member #3 :	_____	M/F DoB	_____	Tee*	_____
Member #4 :	_____	M/F DoB	_____	Tee*	_____
Member #5 :	_____	M/F DoB	_____	Tee*	_____

## PAYMENT INFO

\*Shirt Sizes: XS-XXL

(for a 5 person team)

**\$375 by April 30th**

**\$425 by June 16th**

**\$450 on Race Day**

*Checks payable to Gaylord Hospital*

**Includes T-shirt, race bib with timing chip, free parking & 1 beer ticket each (if age 21)**

Name on credit card: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipe Code: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV# \_\_\_\_\_ Phone: \_\_\_\_\_

**WAIVER:** I have read the waiver and consent: X \_\_\_\_\_

**EMERGENCY** Contact Information:

Name: \_\_\_\_\_ Phone \_\_\_\_\_

## GAYLORD HOSPITAL INSURANCE WAIVER & RELEASE OF LIABILITY FORM

In consideration towards participation in the Gaylord Gauntlet, scheduled for June 27, 2020, I and/or the minor participant, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

1. Agree that prior to participating, I will inspect, or if a parent and/or legal guardian I will instruct the minor participant to inspect, the facilities, course and obstacles to be used, and if I believe that anything is unsafe, I and/or the minor participant will immediately advise the race officials of such condition(s) and refuse to participate in the event or specific obstacle.
2. Acknowledge and fully understand that I and/or the minor participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my own actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue Gaylord Hospital, its affiliated clubs and associations, their representative administrators, directors, agents, other employees, and volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "Releasees", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the Releasee or otherwise.
5. Not consume alcohol or illegal drugs prior to the race and will not participate if I have received medical advice to the contrary. I know my own capabilities and limitations regarding participating in this event as well as those of any minors I am responsible for and have determined that I (we) are able to safely do so.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

This is to certify that I, participant (and if participant is under age 18), as parent/guardian with legal responsibility for this participant, do consent and agree to my/ his/her release as provided above of the Releasees, and, for myself, my heirs, assigns, and next of kin, I/We release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my (or my minor child's) involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

### Media Release

**Media/photo waiver:** I hereby authorize and give my full consent to Disabled Sports USA and Sports Association of Gaylord Hospital to copyright and or/publish any and all photographs, digital recordings, audio tapes and/or film in which I appear may be used for public view. I further agree that Disabled Sports USA and Sports Association of Gaylord Hospital may transfer, use or cause to be used, these digital recordings, photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, television programs, and Internet without limitations or reservations.