

Fox Fall Classic

Participant Registration and Acknowledgement, Waiver and Release from Liability

Participant information (PLEASE PRINT LEGIBLY)

Name:

_____ (Last Name) _____ (First Name)

_____ (Birth date) _____ (Age) _____ M / F
(Sex-circle one)

Contact:

_____ (Address) _____ (City) _____ (State) _____ (Zip)

_____ (Email)

Event:

(circle ONE per participant):

5k run

2.1mi run

Bib # and Payment Information (to be completed by Volunteer Race Staff)

Bib #:

Received: \$ _____ Method (circle) Cash Check # _____

Acknowledgment Waiver and Release from Liability

I understand that running a trail race is a potentially hazardous activity. I will not participate unless I am medically able. I assume all risks with participating in the event including, but not limited to, falls, contact with other participants, the effects of weather including high heat and humidity, traffic and the conditions of the road and trails, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, I, for myself and for anyone entitled to act on my behalf, waive and release the Santa Barbara Running Association, the Santa Barbara Athletic Association, the Goleta Valley Historical Society, volunteers, and all other sponsors, their representative and successors from all claims of liabilities of any kind arising out of my participation in this event. I grant permission to all the foregoing to use my photograph, motion pictures, recordings, or any form of record for this event for any legitimate purpose including future promotion.

Participant's Signature: _____
(Parent or guardian if entrant is less than 18 years old)

Date: _____