



Oktemberfest Kids Color Blaze Run

Name: (please print) _____ **Date of Birth:** ___/___/___

Address: _____

Phone #: _____ **Preferred Email Address:** _____

The undersigned hereby expressly accepts responsibility for participation in the Kids Color Blaze Run on September 26, 2019. The undersigned acknowledges that the race is voluntary and that I am voluntarily participating. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture or choose to opt out of the pose if it is not available to me at this time. It is further acknowledged that said participation is not on the behalf of Marshall County, the City of Marshalltown, Oktemberfest Board Members, and all of their agencies, employees, agents and representatives, sponsors, race officials or volunteers. The undersigned hereby releases all liabilities whatsoever, including all claims, demands and cause of action of every nature affecting the undersigned which may have or ever claim to have in connection with the run. The undersigned agrees that the above mentioned parties shall be held harmless in the event of accident or incident causing damage or loss of property or injury to the undersigned.

Sign _____ **Date** _____

Parents sign for minors under age 18 _____