



# 2019 Pemberton 24 - Festival of 5Ks PARTICIPATION CONTRACT



## PARTICIPANT INFORMATION

Full Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Shirt Size: (Youth Small-Large, Adult Small-XXL) \_\_\_\_\_

Team Name (if applicable) – up to four people can be on a team: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Please check here if you would not like to receive email updates on future activities and programs from Wicomico County Recreation, Parks and Tourism

How many 5ks do you hope to run? \_\_\_\_\_

What is your normal 5k time (if you were running just one)? \_\_\_\_\_

Will you be running through the night?  No  Yes (You must have a headlamp and extra set of batteries)

What is the furthest distance you have run? \_\_\_\_\_

Have you run on trails before?  No  Yes

## PAYMENT INFORMATION

Registration:  Early Registration (\$50)  Late/On-site Registration (\$60 - After 8/31/19)

Would you like to upgrade to a long sleeved shirt?  No  Yes (\$5)

Tent only camping spaces are available for reservation. Do you intend to camp throughout the event?  No  Yes (\$10)

Payment Amount: \$ \_\_\_\_\_

Payment Method:  Cash  Check  Credit Card(MC or Visa)

Credit Card #: \_\_\_\_\_ Expiration: \_\_\_\_\_ 3-Digit Code \_\_\_\_\_

Signature \_\_\_\_\_

**Complete Waiver and Medical Information on back!**



**WAIVER & MEDICAL INFORMATION**

**MEDICAL INFORMATION** Please list clearly any medical conditions or medications taken that would affect participant's involvement in this program:

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**GENERAL WAIVER** In consideration of the execution of a similar contract by all persons participating in this program/league, I hereby I agree to abide by all rules, uphold the principles of sportsmanship and fair play, and abide by the County Code of Conduct. I further agree that the medical information given above is correct. The undersigned do hereby expressly stipulate and agree to indemnify and hold forever harmless Wicomico County and the Wicomico County Department of Recreation, Parks and Tourism, its agents, officers and employees, against loss from any and all claims, demands, or actions in law or equity that may hereafter at any time be made or brought by the participant listed above, or by anyone on behalf of said participant for the purpose of enforcing a claim for damages on account of any injuries received or sustained by the participant arising out of his participation in the program. In signing this Release and Hold Harmless Agreement, each of the undersigned hereby acknowledges and represents that they are aware of the risks and hazards inherent in participating in the program including exposure to the potential risk of concussion. No insurance covering accident or injury has been provided for participants. Arrangements for any such insurance would have to be made individually by the undersigned, and at no time will my participation in a program be contingent on divulging any confidential medical information.

\_\_\_\_\_  
Signature (If 18 or over) or Parent/Guardian Signature (if under 18)

\_\_\_\_\_  
Date