

Traverse City Zombie Run 5k Mail-in Registration

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

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

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

Email: \_\_\_\_\_

Date Of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on race day: \_\_\_\_\_ Male:\_\_\_\_ Female:\_\_\_\_

Fee:

\_\_\_ Adult 18 and over \$30

\_\_\_ Teen 13-17 \$20

\_\_\_ Child 12 and under \$15

Waiver must be read and signed

LIABILITY RELEASE, INDEMNIFICATION AGREEMENT, AND PHOTO RELEASE.

READ CAREFULLY. ALL PARTICIPANTS MUST SIGN,

INCLUDING A PARENT SIGNATURE FOR MINOR CHILDREN.

I hereby acknowledge that there are risks associated with my participation in the Zombie Run including, but not limited to, falls, contact with other participants, the effects of weather, including high heat, the conditions of the road and traffic on the course. By signing below, I agree that I am assuming the responsibility and liability for all risks. I also agree that by signing I am releasing TART Trails, Inc. and all associated organizers, their representatives and successors, participants, volunteers and others from all claims that I may have for injuries or damages resulting in any way from my participation in the Zombie Run. I hereby covenant not to sue for any damages or injuries. In the event that there is any claim made as a result of my participation that involves TART Trails, Inc. or any other individual or entity associated in any way with the Zombie Run. I agree to fully indemnify and hold them harmless from all claims for damages and also all attorney fees, expenses and costs.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors and organizers. If I have signed this LIABILITY RELEASE, INDEMNIFICATION AGREEMENT, AND PHOTO RELEASE on behalf of a minor, it is my intent to bind both myself and that person to the terms of this agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact : \_\_\_\_\_ Phone # \_\_\_\_\_

\*If paying by check please make payable to "TART Trails- Zombie Run"