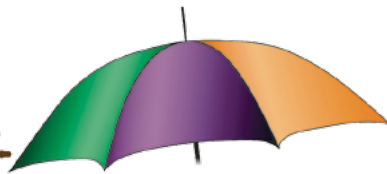


Sunday, April 27th, 2014

Southeast Health Group



SOUTHEAST HEALTH GROUP

You Matter...We Care



APRIL 27, 2014

mudSPORT

Micro Mud Run/Walk (Ages 0-5) race day registration and packet pick-up – 12:30 p.m. / Starts at 1:00 p.m.

Mini Mud Run/Walk (Ages 6-12*) race day registration and packet pick-up – 12:30 p.m. / Starts at 1:15 p.m.

Mud Run/Walk (Ages 13 and up*) race day registration and packet pick-up – 12:30 p.m. / Starts at 1:30 p.m.

*Suggested ages—participants can choose either the Mud Run or Mini Mud Run from ages 6 and up depending on ability.

Ages 19 and up.....\$30.00

Ages 18 and under ... \$10.00

Scholarships available, call Laura at
(719) 384-5446

**Pre-register by April 11th
to enter prize drawing!**

**Goodie bags given to
first 250 to register!**

**Racers receive t-shirt, finisher's medal, bragging
right, muddy memories and awesome stories!**

Heats will begin every 15 minutes from original start time.
Event held regardless of weather, there will be no refunds.

Completed forms along with entry fee can be dropped off or mailed to: Southeast Health Group 711 Barnes Avenue La Junta, CO 81050

Last Name

First Name

Address

City

State

Zip

Phone Number

DOB

Age (day of run)

Email Address

Check One

Mud Run: 2 3/4 Mile Course

Mini Mud Run: 3/4 Mile Course

Micro Mud Run

Check One

Male

Female

Adult Shirt Size

Circle One

Kid Shirt Size

Amount Enclosed (Payable to SEMHS)

**All participants must sign the accompanying Waiver/Release of Liability form.
A Parent or Legal Guardian must sign for any participant age 17 or younger.**

**YOUTH ENTRY FEE PAYMENT
ASSISTANCE IS AVAILABLE.
PLEASE CONTACT LAURA DIPRINCE AT
(719) 384-5446 FOR INFORMATION.**

**SCAN HERE
WITH SMART
PHONE FOR MORE
INFORMATION!**



Participant Name:

mudSPORT 2014

Participant Waiver/Release of Liability Covenant Not to Sue & Image Release

In consideration of being allowed to participate in any way in the above referenced competition, race, related events aka (the"Event") and/or activities, I, the undersigned, acknowledge, covenant and agree that:

1. The risk of injury and/or death from the activities involved in the Event is significant including, but not limited to the following: (i) sprains; (ii) strains; (iii) fractures; (iv) heat & cold injuries; (v) over-use syndrome; (vi) animal bites and/or stings; (vii) contact with poisonous plants; (viii) injuries involving vehicles; (ix) accidents involving, but not limited to climbing, running, jumping, and carrying; (x) heart attack and (xi) the potential for permanent paralysis and/or death. While particular rules, equipment, and personal discipline may reduce this risk, the risk of death or serious injury does exist.
2. AFTER OPPORTUNITY TO FULLY INFORM MYSELF ABOUT THE EVENT, I KNOWINGLY AND FREELY ASSUME AND ACCEPT ALL SUCH RISKS BOTH KNOWN AND UNKNOWN, and assume full responsibility and all risks for my participation in the Event.
3. I voluntarily agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual and/or significant hazard during my presence or participation, I will remove myself from participation and bring such hazard to the attention of the nearest official.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and/or next of kin, forever, WAIVE, RELEASE, DISCHARGE and COVENANT not to sue **SOUTHEAST HEALTH GROUP**, and its officers, directors, representatives, officials, principals, agents and/or employees, subsidiaries, and/or assigns, as well as its independent contractors, sponsoring agencies, sponsors, advertisers, volunteers, and if applicable, owners and lessors of the premises used to conduct the Event (collectively the "Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, and/or loss or damage to person or property, incurred by me in connection with participation in the Event. I further agree to indemnify, defend and hold harmless Releasees from any loss, liability, cost, claim or damages arising from my participation in or association with activities and events organized and sponsored by Southeast Health Group or connected with the Event.
5. I attest and verify that, unless otherwise indicated below, I am over 18 years of age, am free from all illnesses, injuries and defects that could interfere with my safe participation in the Event and that I am physically fit and sufficiently trains to participate in all activities associated with the Event.
6. I consent to administration of first aid and other medical treatment in the event of injury or illness and hereby release and indemnify Releasees from any and all liability or claims arising out of such treatment.
7. The Releasees reserve the right in their sole and absolute discretion, to postpone, cancel, or modify the Event due to weather conditions, Acts of God or other factors beyond the control of the Releasees that might affect the health, security and/or safety of the participants.

8. I irrevocably grant unlimited permission to Releasees, to use, reproduce, sell and distribute any and all photographs, images, videotapes, motion pictures, recordings, or any other depiction of any kind of me or of my participation in the Event or related activity for any legitimate purpose in perpetuity and I understand that I shall not be entitled to any compensation therefore.

9. I hereby irrevocably and absolutely grant permission to the Releasees to film, videotape and record gratis the performance of the above named participant (referred to herein as "I", "me", "my") in the Event and subsequently to telecast, sell, distribute and otherwise utilize the same in whatever manner Releasees shall deem appropriate. Such permission shall include granting the unlimited and irrevocable right to Releasees, without compensation of any kind to me, to use, reproduce or broadcast, my name, nickname, image, likeness, voice, photograph, signature facsimile, and biographical information in connection with the Event without compensation of any kind to me. I acknowledge that Releasees and their representatives shall have the unlimited right throughout the world to copyright, use, reuse, publish, republish, broadcast and otherwise distribute depictions of or information about me and all or any portion of the Event in which I may appear on any and all radio, network, cable and local television programs and in any print materials and in any other format or media (including electronic media) now known or hereinafter devised in perpetuity and without compensation to me. In consideration and in return for being allowed to participate in the Event, I release and agree not to sue the Releasees from all present and future claims regarding my participation in the Events that may be made by me, my family, estate heirs, or assigns.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant Name (PRINT): _____

Signature: _____ **Date:** _____

EMERGENCY CONTACT (*required*) Name: _____ Phone: _____

MINORS: IF UNDER 18 – SIGNATURE OF PARENT/GUARDIAN (required)

The undersigned, _____, hereby certifies, warrants and represents that I am the legal parent or guardian of _____, the signer of the above Release (the "Participant"), and that after fully informing myself regarding the nature and risks of the Event, I give my permission for Participant to participate in the same and by my signatures below, I fully ratify, accept and agree to all of the terms of the above Release both for myself individually and as legal parent or guardian of the Participant.

Signature: _____ **Date:** _____