

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

# Color Run/Walk Against Child Abuse

## Participant:

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Gender: Male \_\_ Female \_\_  
Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Home Phone \_\_\_\_\_

## Emergency Contact Information – Alternate Pickup/Release

### Emergency Contact #1

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

### Emergency Contact #2

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Are you allergic to any type of food or medication?

Yes \_\_ No \_\_ If yes, explain: \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

I understand that the Pueblo of Pojoaque or its 2018 Color Run/Walk against child abuse will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as participant.

Participant Initials: \_\_\_\_\_

## Terms of Agreement

### Photo Release

I hereby give permission for myself and my child to be photographed during the **Pueblo of Pojoaque 2018 Color Run/Walk against child abuse**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to donors, and for promotional purposes where they may be included in flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed. I do not expect compensation and I agree that all photos are the property of Pueblo of Pojoaque 2018 Color Run/Walk against child abuse and its affiliates.

Participant Signature: \_\_\_\_\_

The Pueblo of Pojoaque and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. Participant's photos may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

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

**2018 COLOR RUN/WALK AGAINST CHILD ABUSE**

**Participant Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

By my signature below, I attest that I am the Participant named in this Release and Waiver of Liability, and that I have the authority to execute this Release and Waiver on behalf of the Participant.

In consideration of the acceptance of this application for the 2018 Color Run/Walk against child abuse, the Participant releases and forever discharges and holds harmless the Pueblo of Pojoaque (“Pueblo”) and its directors, officials, employees, agents, affiliates, successors, insurers, and assigns from any and all liability, claims, and demands of whatever kind or nature, present or future, which arise or may hereafter arise from the Participant’s involvement in the 2018 Color Run/Walk against child abuse.

The Participant understands and acknowledges that this Release discharges the Pueblo from any liability or claim that the Participant may have against the Pueblo with respect to bodily injury, personal injury, illness, death, or property damage that may result from activities at the 2018 Color Run/Walk against child abuse.

By the execution of this agreement, the Participant accepts and expressly assumes any and all risks of injury, damage, and loss, which may occur to themselves or their property.

The Participant understands that the acceptance of this Release and Waiver of Liability by the Pueblo shall not constitute a waiver in whole or in part of sovereign immunity by the Pueblo, its members, officials, agents, and employees.

The Participant now affirms that they have read the above carefully before signing. Further, the Participant understands that this Release and Waiver of Liability shall be effective for the duration of the Color Run/Walk against child abuse.

Participant Initial:

\_\_\_\_\_ Release and Waiver of Liability

*I have read and fully understand the Release and Waiver of Liability Agreement and release of all claims.*

## 2018 COLOR RUN/WALK AGAINST CHILD ABUSE

### PARTICIPANT CODE OF CONDUCT

Disciplinary action may be imposed whenever a participant commits or attempts to commit any act of misconduct during the 2018 Color Run/Walk against child abuse\*, including but not limited to:

1. Possession, use or distribution of an illegal or controlled substance, or look-alike drug.
2. Unauthorized and/or illegal possession, use or distribution of any alcoholic beverage.
3. Theft of property or services.
4. Intentional or willful and wanton destruction of property.
5. Assault and/or battery.
6. Possession of a weapon.
7. Conduct which constitutes harassment or abuse that threatens the mental well-being, health or safety of any individual. This includes bullying behavior.

Consequences include, but are not limited to, removal from the program activity for the safety and well-being of other participants.

#### **\*Participant initial:**

\_\_\_\_\_ Behavior Contract: Participant

*I, the participant understand and agree to abide by the Participant Code of Conduct. I acknowledge that I am fully aware of the consequences resulting from the violation of any of the guidelines and agree to comply with the Code of Conduct.*

**2018 COLOR RUN/WALK AGAINST CHILD ABUSE**

**TREATMENT AUTHORIZATION AND PERMISSION**

\_\_\_\_\_ *I authorize Pueblo staff to administer immediate and emergency medical treatment, including (1) transporting the participant to a hospital emergency room or (2) calling the local rescue squad or ambulance.*

1) Please list specific medical allergies, chronic illnesses, or other conditions that will impact participation.

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2) Does the participant take any medication on a regular basis? Yes No

Will the medication need to be administered during program hours? Yes No

If yes, list medications and directions for taking the medicine.

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**EMERGENCY CONTACT**

*Name of emergency contact person(s)*

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

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Participant \_\_\_\_\_