

2018 COLOR RUN/WALK AGAINST CHILD ABUSE

ENTRY FORM

First _____ Last _____ Gender: Male __ Female__ Birth date ____/____/____
Street Address _____
Town/City _____ State _____ Zip code _____ Phone _____

T-SHIRT SIZE (please circle)

NAME _____	YOUTH S M LG	ADULT M LG XL 2XL 3XL
NAME _____	YOUTH S M LG	ADULT M LG XL 2XL 3XL
NAME _____	YOUTH S M LG	ADULT M LG XL 2XL 3XL
NAME _____	YOUTH S M LG	ADULT M LG XL 2XL 3XL
NAME _____	YOUTH S M LG	ADULT M LG XL 2XL 3XL
NAME _____	YOUTH S M LG	ADULT M LG XL 2XL 3XL

Emergency Contact Information:

First Name _____ Last Name _____ Phone _____

RELEASE AND WAIVER OF LIABILITY

Participant Name: _____

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 and Waiver 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 Release and Waiver, 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 and fully understands this Release and Waiver of Liability and release of all claims. 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 Signature: _____

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PHOTO RELEASE

I hereby give permission for myself and my child(ren) 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, newspapers, 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:

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:

_____ Code of Conduct

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.

TREATMENT AUTHORIZATION AND PERMISSION

Participant initial:

_____ *In case of an emergency, I authorize to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician)*

I understand that the Pueblo of Pojoaque or its 2018 Color Run/Walk Against Child Abuse will not be responsible for any medical expenses incurred, but that such expenses will be my responsibility as participant(s).

Participant Signature:

IMPORTANT NOTICE

By choosing to participate in this event I understand that:

- Due to the color content of the 2018 Color Run/Walk Against Child Abuse, it is weather permitting. Wind/rain or extreme weather conditions may cause the event to be cancelled or modified.
- The Color Run Registration Fee for runners is Non-Refundable

I AGREE TO THE IMPORTANT NOTICE

By signing below, I confirm that I have read the terms and conditions of the 2018 Color Run/Walk Against Child Abuse, that I understand them and that I agree to be bound by them.

Print Full Name

Signature

Date (dd/mm/yyyy) ____/____/____