

2023 Officer Scott Patrick Memorial 5K Registration

Race Benefits: Special Olympics, Minnesota and Northern Dakota County Beyond the Yellow Ribbon

Special Olympics
Minnesota



Sponsored by:  GATEWAYBANK

FEES: Registration Fees for the 5K are payable to Beyond the Yellow Ribbon. Forms and payment can be dropped off or mailed to Mendota Heights City Hall--1101 Victoria Curve, Mendota Heights, MN 55118

PRIZES: All prizes distributed as part of this event are provided by Beyond the Yellow Ribbon.

DATA ADVISORY: Under the Minnesota Government Data Practices Act (Minn. Stat 13.548), your name, address, telephone number, and email are private data. You may choose not to provide some or all of this data, but it may limit your ability to participate in the Activity. For example, your contact information is needed to provide information to you such as team assignments, game schedule, cancellation information, etc. By providing the information, you are consenting to allow registration information to be shared with city park and recreation staff, coaches, supervisor or instructor, and other registered program participants in order to administer the activity. This consent expires upon completion of the Activity.

PARTICIPANT INFORMATION

| | | |
|-------------------------|--|-----------|
| PARTICIPANT FULL NAME: | | |
| STREET ADDRESS: | | |
| CITY: | STATE: | ZIP CODE: |
| PRIMARY PHONE NUMBER: | EMAIL ADDRESS: | |
| EMERGENCY CONTACT NAME: | EMERGENCY CONTACT PHONE NUMBER: | |
| BIRTH DATE: | AGE ON RACE DAY: | |
| GENDER: | SHIRT SIZE (Small, Medium, Large, XLarge, XXLlarge): | |

WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT

I understand and acknowledge that participation in any Activity is voluntary. I acknowledge that participation in the Activity has certain risks that cannot be eliminated regardless of the care taken to avoid injuries. Such risks may include, but are not limited to, minor injuries such as bruises and sprains; major injuries such as joint or back injuries, head injuries and broken bones; and catastrophic injuries including paralysis and death. I understand these risks known or unknown, anticipated or unanticipated may result in injury, death, illness, disease including exposure to COVID-19 or damage to myself or my property, or to other persons and their property.

In consideration of being allowed to participate in the Activity, I hereby knowingly and freely assume any and all risks, both known and unknown, in connection with this Activity. I hereby agree to hold the City, Beyond the Yellow Ribbon, and the Special Olympics ("Hosts"), their officials, employees, agents and contractors harmless and I waive any right to make claims or bring lawsuits against the City or anyone working on behalf of the City for any injuries or damages related to the alleged negligence of the City.

SIGNATURE REQUIRED ON BACK →

I agree to defend, indemnify and hold harmless the Hosts for any expense or liability the Hosts may incur as a result of my conduct, actions or omissions while participating in or performing the Activity. This waiver of liability does not waive liability for injuries or damages that are the result of any willful, wanton, or intentional misconduct by the Hosts or any person acting on behalf of the Hosts. The terms of this agreement shall bind the members of my family, if I am alive, and my heirs, assigns and personal representatives if I am deceased.

I acknowledge that COVID-19 has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. The Hosts have enacted preventative measures to reduce the spread of COVID-19. The Hosts, however, cannot guarantee that participants in the Activity will not become infected with COVID-19. I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk I may be exposed to or infected by COVID-19 by participating in the Activity.

To the best of my knowledge I have no physical or medical condition that would prevent me from participating in the Activity. I warrant that I do not have any symptoms of COVID-19, including, without limitation, fever, cough, shortness of breath or difficulty breathing, chills, or muscle or body aches; or have a suspected or confirmed diagnosis of COVID-19.

I agree to comply with all rules related to the Activity including policies related to social distancing and personal hygiene to help prevent the transmission of COVID-19. If I observe any unusual or significant hazard during my participation in the Activity, I will stop participating and immediately notify the nearest official.

I grant and convey to the Hosts all right, title, and interest in any and all photographs, images, video, digital media, or audio recordings of me or my likeness or that of my child made by the Hosts in connection with my participation in the Activity.

I acknowledge that if I or my child has special needs, it is my responsibility to notify the Parks and Recreation Manager, 651-255-1354 so that arrangements can be made prior to the start of the class or activity.

I understand that if any court finds any portion of this Waiver, Release and Indemnification Agreement to be contrary to law, invalid, or unenforceable, the remainder of the Waiver, Release and Indemnification Agreement will remain in full force and effect.

I HAVE READ THE ABOVE AND UNDERSTAND THE LEGAL SIGNIFICANCE OF SIGNING THIS DOCUMENT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PRINTED NAME

SIGNATURE

DATE

NOTICE: Participants under 18 years of age must have this Waiver, Release and Indemnification Agreement signed by their parent or guardian.

I certify that I am the parent or legal guardian of the above individual and hereby consent to his or her participation in the Activity. I have read and understand the above Waiver, Release and Indemnification Agreement and I agree to be bound by the terms stated therein.

SIGNATURE/PARENT OR GUARDIAN SIGNATURE, IF UNDER 18 YEARS OF AGE

DATE