



FREE OBSTACLE RUN

SAT. SEPT. 7TH / BRUCE MINES FALL FAIR, Hwy. 638
REGISTRATION: 9:30 AM / RUN: 10AM

- Come Early!
- All Ages for Obstacle Run
- All children must be accompanied by an adult at all times during the run
- Fun Obstacle Run is FREE
- \$5 per Adult Fair Entry Fee
- \$15 per Adult - Fair Weekend Pass (3 days) - includes entry to Demolition Derby

Child's Name:		AGE:	
Parents Name:			
Address:		Town:	
Phone:		Cell:	
Email:			
Adult Accompanying Children:			

PLEASE BRING FORM TO THE RUN / One Form per Child. PHOTO AUTHORIZATION: I do/do not (circle one) give permissions for my child to be photographed and understand that these pictures might be used as promotional tools (e.g. websites, Facebook and newspaper. _____

(Int)

ASSUMPTION OF RISK AND WAIVER OF LIABILITY (please Read Carefully)

I hereby authorize my child listed to participate in the OBSTACLE RUN, and related activities, (here called the Program") to be conducted by NORTH CHANNEL HEALTHY FAMILIES and its participating member organizations (collectively here called "HEALTHY FAMILIES"). I confirm to HEALTHY FAMILIES that I am a parent or legal guardian of the listed child.

I understand and acknowledge that outdoor physical activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate.

I understand and acknowledge that participation in these activities is completely voluntary. I understand and acknowledge that in order to participate in these activities, my son/daughter and I agree to assume liability and responsibility for any and all potential risks that may be associated with such activities.

I agree to release HEALTHY FAMILIES, the Bruce Mines Agriculture Society and its member organizations, their officers, directors, agents, employees and volunteers and I agree to hold them harmless from any damages sustained by my child(ren) or caused by my child(ren), or damage to any property, arising out of or in any way connected with the Program or traveling to or from Program locations and whether or not caused or contributed to by any negligence of HEALTHY FAMILIES or any of its officers, directors, agents, employees or volunteers.

Furthermore, I agree to indemnify HEALTHY FAMILIES and its member organizations, their officers, directors, agents, employees and volunteers against any and all liabilities imposed or claimed, including legal expenses, arising directly or indirectly from any act or failure of participants, including all claims relating to the injury or death of any person or damage to whether or not caused by the negligence of HEALTHY FAMILIES or any of their officers, directors, agents, or employees, or volunteers.

I agree that my signature shall be binding upon myself, my child(ren), our heirs, executors, administrators, successors and assigns.

Parent/Guardian Signature

Date

Participant Signature

Date