

# 2009 Garin Park Trail Challenges



Where: Garin Park, Hayward

When: June 22 and July 20, 2009 at 7 p.m.

(Registration is from 6:15 p.m. until 6:55)

Courses: 1 mile (flat), 2.1 miles, and 5 miles

Cost: \$5 adults, \$1 children k-8th

More information: Call (510) 881-4301 or email [ehenriquez@moreaucatholic.org](mailto:ehenriquez@moreaucatholic.org)

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Distance \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Release form: I know that running a race is a potentially hazardous activity. I should not enter and participate unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this race, including but not limited to falls, contact with other participants, the effects of the weather, including high heat and/or humidity, and the conditions of the trails and meadows, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event.

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

If the participant is a minor, there must be an adult who is designated to approve, in the event it becomes necessary, medical treatment. In the event that I (parent/guardian) cannot be reached, I hereby authorize \_\_\_\_\_ (please print) to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provision of the Medical Practice Act., whether such diagnosis or treatment be rendered at the office or at the hospital.

Parent/Guardian (please print) \_\_\_\_\_ Date \_\_\_\_\_

Parent's signature (if entrant is under 18 years of age) \_\_\_\_\_ Phone Number \_\_\_\_\_