



JUNE 9, 2024
8 A.M. REGISTRATION
9 A.M. RACE TIME
RENSSELAER FALLS FIRE DEPARTMENT
REGISTRATION/WAIVER FORM

Walker's/Runner's Name _____

Street Address _____

City/State/Zip _____

Phone _____ DOB and age on race day _____

Email _____

Shirt Size (circle one)

Adult

S M L XL XXL

Youth

XS S M L

Registration Fee: \$12 (12 years and under), \$20 (13 years and older)

Registration due by May 28th, shirts cannot be guaranteed after this date. Please send registration form along with cash or check (made

out to Rensselaer Falls Volunteer Fire Department) c/o Heidi Smith, 1688 County Route 25, Canton, NY 13617.

All proceeds will go to the refurbishment of the 1947 International Fire Truck owned by the Rensselaer Falls Fire Department.

Waiver & Release of all claims and assumption of risk:

I recognize and acknowledge that there are certain risks of physical injury to participants in the RFFR 5k Color Run, and I voluntarily and knowingly agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I may sustain as a result of said participation. I further agree to waive and relinquish all claims I may have (or which may accrue to me) as a result of participating in these activities against the Rensselaer Falls Volunteer Fire Department including its owners, managers, officers and employees, the race officials, agents, volunteers, sponsors, and the owners and operators of the venue (hereinafter collectively referred to as "Administrators"). Participants registering for the race, programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs. I agree that I am solely responsible for determining if I am physically fit and/or skilled for the race or activities contemplated by this Assumption and Release. It is always advisable, especially if the participant is pregnant or disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity. I, for myself and my heirs, do hereby fully release and forever discharge the Administrators from any and all claims for injuries, including death or incapacity, illnesses, damages, expenses or loss that I may suffer arising out of, connected with, or in any way associated with the race, program or activities including injuries caused or associated with transportation to and from the event. I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. When registering online, my online agreement shall substitute for and have the same legal effect as an original form signature. PARTICIPATION WILL BE DENIED, if I have not accepted this waiver before the start of the event.

Signature of Participant

Date

Signature of Parent/Guardian (required if participant is a minor)

Date