

FAMILY GLOW WALK / RUN

1.5 MI 2017

SATURDAY, OCTOBER 7 | 6:30 - 8:30 PM

ENJOY FAMILY ACTIVITIES STARTING AT THE PEARSON LAKES ART CENTER, WALKING OR RUNNING ON THE TRAILS TO THE DICKINSON COUNTY NATURE CENTER, WITH BEDELL FAMILY YMCA ACTIVITIES ALONG THE WAY, AND RETURNING TO THE PEARSON LAKES ART CENTER.

REGISTER BY SEPTEMBER 30 AT THE PEARSON LAKES ART CENTER

EVENT WAIVER AND RELEASE OF LIABILITY

WARNING: READ CAREFULLY. THIS AGREEMENT INCLUDES A RELEASE OF LIABILITY AND WAIVER OF LEGAL RIGHTS AND DEPRIVES YOU OF THE RIGHT TO SUE THE DICKINSON COUNTY NATURE CENTER, PEARSON LAKES ART CENTER, BEDELL FAMILY YMCA AND OTHER PARTIES. DO NOT SIGN THIS AGREEMENT UNLESS YOU HAVE READ IT IN ITS ENTIRETY. SEEK THE ADVICE OF LEGAL COUNSEL IF YOU ARE UNSURE OF ITS EFFECT.

I know that running in club races are potentially hazardous activities which could cause injury or death. I should not enter and run in club activities unless I am medically able and properly trained, and by my signature, I certify that I am medically able to participate, and am in good health. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever.

I assume all risks associated with running and participating in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road all such risks being known and appreciated by me.

Having read this waiver and knowing these facts and in consideration of your acceptance of my application for membership I, for myself and anyone entitled to act on my behalf, waive and release the Dickinson County Nature Center, Pearson Lakes Art Center, Bedell Family YMCA, and all sponsors and volunteers from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the person named in this waiver.

SPONSORED BY:



POLICE DEPARTMENT

Registration Form

Shirt Size: (Youth: S, M, L, XL | Adult: S, M, L, XL, 2XL, 3XL)

Participant Name(s):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Address: _____

City, State, Zip: _____

Phone Number: _____

E-mail Address: _____

I have read, understand, and accept the agreement to the left. Signature if registrant is over 18 years of age; or signature of parent/legal guardian of minor, incapacitated, or mentally challenged person.

Signature: _____

Date: _____

Please complete, sign, and return with payment to the
Pearson Lakes Art Center

PO Box 255 2201 Hwy. 71

Okoboji, IA 51355

For more information call, 712-332-7013

Entry Fee Paid (for office use only):

___ \$10 per person ___ \$40 per family over 4 people