



2016 Space Coast Mud Run ***September 17, 2016***

Registration starts at 7 am. Waves start at 8 am.

PLEASE READ AND INITIAL THE FOLLOWING STATEMENTS:

_____ I understand that entering Space Coast Mud Run is a potentially dangerous activity.

_____ I understand that Space Coast Mud Run includes obstacles including, but not limited to, climbing walls, mud pits, hurdles, and hills.

GENERAL LIABILITY WAIVER AND HOLD HARMLESS CLAUSE:

I recognize and acknowledge that there are certain risks of physical injury to participants in Space Coast Mud Run, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I or my child may sustain as a result of said participation. As I am assuming the risk on behalf of myself and/or of my child, I affirm that I am of legal age, I am the parent of the child listed below on this form, or I am of legal age to consent and am the legal guardian of the child listed below on this form, or I am of the legal age to consent and am both the parent and guardian of the child listed below on this form. I understand that a participant should not enter and run unless the participant is medically able and properly trained. I am solely responsible for determining if I or my child is physically fit and/or skilled for the race. I agree to abide by any decision of a race official relative to mine or my child's ability to safely complete the run. I assume, on behalf of myself and/or my child all risk associated with running in this event including but not limited to falls, contact with other participants, contact with obstacles, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road/event areas, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my and/or my child's entry, I waive and release The HBCA of Brevard, The City of Palm Bay race officials, and all sponsors, their representatives, and successors from all claims or liability of any kind arising out of my and/or my child's participation in this event even though that liability may arise out of negligence or carelessness on the part of the parties released in this waiver. I further grant full permission to any use of photographs, videotapes, and recordings, or any other recording of my person and/or my child's likeness captured during an event for any purpose whatsoever. Additionally, I consent on behalf of myself and/or my child, to all emergency medical treatment as deemed appropriate by The HBCA of Brevard and The City of Palm Bay staff. I shall be responsible for the payment for such medical attention and/or treatment; however, I acknowledge that neither The HBCA of Brevard, nor The City of Pam Bay, nor race officials, nor sponsors, nor their representatives, nor successors shall have any duty, obligation or liability arising out of the provision or, or failure to provide, medical treatment. All photos taken by media The HBCA of Brevard and The City of Palm Bay Staff can be used to market or promote other HBCA Events and The City of Palm Bay Events/Races. NO REFUNDS OR TRANSFERS.

Name (printed): _____

Date: _____

Name (signature): _____