

PARENT/GUARDIAN SIGNATURE (if participant is younger than age18) ____

EMERGENCY CONTACT NAME (day of event)

THE CRADLE OF LIBERTY

JUNE 4, 2016



DATE:___

TEAM NAME_ Registration fee: \$125 per ra					
(make checks payable to: GC	DALS ARA ~ 1302 Spellma	n Drive ~ Downingtown,	, PA 19335)		
TEAM CATEGORY (please of Same gender team of 2 ☐ Same gender team of 3	check appropriate box) □Co-ed team of 2 □Co-ed team of 3		gender team of 2 gender team of 3		sters Co-ed team of 2 sters Co-ed team of 3
TEAM MEMBERS Team	Captain/contact person	□ Team Member #2	□ Team Member #3	(COMPLETE THE PART	TICIPANT INFORMATION BELOW)
ISARA.	USARA WAIVER AND RE	LEASE OF LIABILITY, AS	SSUMPTION OF RISK AN	D INDEMNITY AGREE	MENT (Specific Event Waiver)
IN CONSIDERATION of the Uni "Event") as either a member of and next of kin, and any legal an representations pursuant to this	USARA or through the issuan d personal representatives, ex	ce of a single event licens xecutors, administrators, s	e; I, for myself, and on beh uccessors and assigns, he	alf of my spouse, childr reby agree to and make	en, parents, guardians, heirs
1. I hereby represent that (i) I am prescription drugs which would in fit and healthy enough to particip	n any way impair my ability to				
2. I understand and acknowledg dangerous and represent an ext limitation, the potential for seriou contact or collision with other pa conditions; water, road and surfa the Event Organizers; and other whole or in part by my own actio hereby expressly assume all such	reme test of a person's physic is bodily injury, permanent dis- rticipants, spectators, vehicles ace hazards; equipment failure undefined, not readily foreseens or inactions, the actions or	al and mental limits. I undo ability, paralysis and death s or other natural or manma e; inadequate safety measi bable and presently unknow inactions of others particip	erstand that participation in n; loss or damage to proper ade objects; dangers arisin ures; participants of varying wn risks and dangers ("Ris pating in the Event, or the n	nvolves risks and dange ty; exposure to extreme g from adverse weathe g skill levels; situations l ks"). I understand that t negligence of the Releas	rs which include, without conditions and circumstances; r conditions; imperfect course beyond the immediate control of hese Risks may be caused in sed Parties defined below, and I
3. I agree to be familiar with and Competition, Safety, and the US and the condition and adequacy	ARA Adventure Racer Code of				
4. I hereby Release, Waive and Promoters, Race Directors, Spoi Enforcement Agencies and othe directors, partners, shareholders to any liability, claim(s), demand which may arise out of, result fro Parties. I further agree that if, de and hold harmless each of the R	nsors, Advertisers, Host Cities r Public Entities providing sup s, members, agents, employee (s), cause(s) of action, damag m, or relate to my participation spite this Agreement, I, or any	, Local Organizing Commi port for the Event, and each es and volunteers (Individu e(s), loss or expense (inclin in the Event, including clivone on my behalf, makes	ittees, Venues and Propert ch of their respective paren ally and Collectively, the "F uding court costs and reas aims for Liability caused in a claim for Liability against	y Owners upon which the t, subsidiary and affiliate Released Parties" or "Evonable attorneys fees) of whole or in part by the trany of the Released P.	ne Event takes place, Law ed companies, officers, rent Organizers"), with respect of any kind or nature ("Liability") negligence of the Released
5. I hereby pre-authorize the Eve medical attention is warranted di medical care and/or transport an operations, first aid treatment, m	uring my participation in the Evranged on my behalf, and here	vent. I understand and agreby release the Event Organic	ee that I will be responsible anizers from any Liability re	e for the costs associate elating to the cost and p	ed with any such emergency rovision of any rescue
I hereby warrant that I have reby signing it (including the right administrators, successors and a provisions of this Agreement. The or inducements have been made provision shall be deemed sever	s of the minor, my spouse, ch assigns), and intend for my sig is Agreement represents the o a apart from this Agreement. If	ildren, parents, guardians, gnature to serve as confirm complete understanding be any provision of this Agre	heirs and next of kin, and nation of my complete and etween the parties regardin ement is held to be unlawf	any legal and personal unconditional acceptan- ig these issues and no ul, void, or for any reaso	representatives, executors, ce of the terms, conditions and oral representations, statements
PRINTED NAME OF PARTICIP	ANT:		AGE:	DATE OF BIRTH:	
ADDRESS:		CITY		STATE	ZIP
HONEE-MAIL				T-SHIRT S	IZE
PARTICIPANT'S SIGNATURE (only if participant is age 18 or older):				DATE:	

EMERGENCY CONTACT PHONE (day of event)_