

# Mr. Frog's Wild Run

## Registration Form



### Accident Waiver and Release of Liability

---

**Circle one:**

5K Race (\$20)    10K Race (\$20)    Children's Fun Run (\$10)    T-Shirt: \$20    Size: Children's large  
Adult    S, M, L, XL, XXL

**Registrant Information:**

Name

Age

Phone Number

Email

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to: actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, event monitors and/or producers of the event; lack of hydration, weather, and/or other natural conditions. I hereby assume all of the risks of participating in this event.

I certify that I am physically fit, have sufficiently trained for participation in this event and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by Mr. Frog's Wild Run and the Feeney Park Foundation, and the sponsors of the event in which I may participate and it will govern my actions and responsibilities at aid event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, release, and discharge from any and all liability for my death, disability personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event, Mr. Frog's Wild Run and the Feeney Park Foundation, and their directors, officers, employees, volunteers, representatives and agents, the event sponsors and event volunteers, (B) indemnify and hold harmless all entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of my actions during this event.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during this event.

I understand that at this event or related activities I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and/or assigns.

This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under the applicable law.

I hereby certify that I have read this document and I understand its content.

Print Name

---

Signature

---

Date

---