2010 Olathe Kids Marathon

Presented by the Olathe Medical Center

Registration

(Please Print)

First Name: |_|_|_|_|_|_|_|_|_|_|_|_|_| **Gender: M F**

Please Circle

Last Name: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Address: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

City: |_|_|_|_|_|_|_|_|_|_|_|_| **State:** |_|_| **ZIP:** |_|_|_|_|_|

Email: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Contact Phone: |_|_|_| |_|_|_|- |_|_|_|_|

School: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Age on April 10, 2010: ____ **Shirt Size _____**

PARTICIPANTS IN THE OLATHE KID'S MARATHON ARE REQUIRED TO ASSUME ALL RISK OF PARTICIPATION IN THE MARATHON AND TRAINING BY SIGNING THIS GENERAL RELEASE AGREEMENT The undersigned athlete ("Athlete") on behalf of himself/herself and on behalf of Athlete's personal representatives, assigns, heirs, executors, hereby fully and forever releases, waives, discharges and covenants not to sue the State of Kansas, Johnson County, the Cities of Olathe , Olathe Medical Center, Olathe Chamber of Commerce, Olathe School District USD233, YMCA, USATF and all municipal agencies and school districts whose property and/or personnel are used, and all other sponsoring or co-sponsoring companies or individuals related to the Marathon (collectively "Releasees") from all liability to the Athlete and his/her personal representatives, assigns, heirs and executors, for all loss(es) or damage(s) and any and all claims or demands therefore, on account of injury to the Athlete or property or resulting in the death of the Athlete, whether caused by the active or passive negligence of all or any of the Releases or otherwise, in connection with the Athlete's participation in the Marathon event and during training for event. The Athlete and Parents and/or Guardians represents and warrants that he/she is in good physical condition and is able to safely participate in the Marathon and training activities. The Athlete and Parents and/or Guardians are fully aware of the risks and hazards inherent in participating in the Marathon and training program and hereby elects to voluntarily compete in the Marathon and training program, knowing the risks associated with the Marathon and training program. The Athlete and Parents and/or Guardians hereby assumes all risks of loss(es), damage(s), or injury(ies) that may be sustained by him/her while participating in the Marathon and/or training program. The Athlete agrees to the use of his/her name and photograph in broadcasts, newspapers, brochures and other media without compensation. The Athlete and Parents and/or Guardian acknowledge that the entry fee is at no cost and is non-transferable. In the event the Marathon is delayed or prevented by reason of fire, threatened or actual strike, labor difficulty, work stoppage, insurrection war, public disaster, flood, unavoidable casualty, acts of God or the elements (included without limitation, ice storms, blizzards, tornadoes), or any other cause beyond the control of the Event Race Director, there may not be a make up or rescheduling of the events. The Athlete and Parents and/or Guardian hereby grants to the medical doctor(s) of the Marathon, and his agents, affiliates and designees, access to all medical records (and physicians) as needed and authorizes medical treatment as needed. The Athlete and Parents and/or Guardian warrants that all statements made herein are true and correct and understands that Releasees have relied on them in allowing Athlete to participate in the Marathon. ATHLETE HAS READ THE FOREGOING AND INTENTIONALLY AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT. FOR ATHLETES UNDER THE AGE 18: The signature certifies that my son/daughter has my permission to participate in the Marathon and training program. The signature has read the foregoing RELEASE AND WAIVER OF LIABILITY AGREEMENT (above) and by signing intentionally and voluntarily agrees to its terms and conditions. The signature further certifies that my son/daughter is in good physical condition and is able to safely participate in the Marathon and training program. I hereby authorize medical treatment for him/her and grant access to my child's medical records as necessary.

Parent or Guardian Signature: _____ Date: _____

Parent or Guardian Name (please print) _____