

River Run 2009 Registration Form

\$10 - registered by April 24th - \$15 after 24th and day of race.

Name: _____ Address: _____
City _____ St. _____ Zip _____ Phone: (Home) _____ Cell) _____
Email: _____ Age: _____ Male: _____ Female: _____
Run: _____ Walk: _____ Shirt Size: S M L XL XXL

Please make check payable to **RIVER RUN &** send it to Attn: Diana Hodge, Treasurer, 1866 Shela Blvd., Portsmouth, OH 45662

The following must be completed to participate in this event:

MEDICAL RELEASE

"I hereby give my permission to be treated on site and/or transported to a local hospital for treatment and to receive any medications, or other emergency procedures/treatments as deemed necessary by emergency personnel and/or hospital staff."

Signed by adult participant or by minor's parent or legal guardian

LIABILITY RELEASE

"I understand that all reasonable safety precautions will be taken at all times by the event promoters. I also understand that even with the best of planning and precaution, unforeseen events can occur. By signing this form, I hereby agree to assume and accept all risks and hazards inherent in the activity specified on this form. I also agree to hold harmless this event's sponsors, organizers, and volunteers, Porter and Green Townships, and all emergency/medical personnel liable for damages, losses, or injuries incurred to myself or my minor child in the event of such occurrence within the provisions of state law. I understand that I am signing for the minor listed on this form."

Signed by adult participant, or by minor's parent or legal guardian

MINOR ACTIVITY PERMISSION

"I give permission for my minor child to participate in the River Run and assume all responsibilities for my child in the event of a health emergency and/or injury.

Signed by minor's parent or legal guardian

Questions: Please call Aaron @ 740-352-5512 or Shawn @ 740-357-0191