## 2020 F.I.T. Challenge REGISTRATION FORM

NAME:			
GENDER:	AGE:	BIB:	<del></del>
EMAIL:			
FOR CREDIT CARD USE ONLY:			
NAME ON CARD:	CARD	NUMBER:	
EXPIRATION:	3 DIG	GIT CODE:	
ZIP CODE BILLING ADDRESS:			
that trail running is an extreme test of a per HEREBY ASSUME THE RISKS OF PARTICIPATI have not been advised against participation accepted by McCoy F.I.T. LLC, diamond hill Monastery, race sponsors, organizers and a participate in this event at my own risk, I hor anyone else who might claim or sue on a Competitive Rules adopted by this event (b areas to be used and if I believe any are un DISCHARGE from any and all claims, losses damage, medical or hospital bills, theft, or traveling to or this event on my own or on CUMBERLAND PARK AND RECREATION DEP. ALL STATES, CITIES, COUNTRIES, OR OTHEF DIRECTORS, EMPLOYEES, REPRESENTATIVES ACTS OR OMISSIONS OF THE PERSONS I AM I ACKNOWLEDGE that there may be traffic circumstances. I also ASSUME ANY AND AL with other participants, effects of weather condition of the trails/terrain, water hazard posed by spectators or volunteers, all such result of the negligence of persons or entit SUE any of the persons or entities mention herein; and I INDEMNIFY AND HOLD HARMI or liabilities assessed against them, includi indirectly, in whole or in part, (i) my action to sue; (iii) my breach or failure to abide by all of the above parties to use all registratic motion pictures, website images, recording entitled as a result of the use of my name, ITS CONTENT. I HEREBY AFFRIM IF I AM UNIDOCUMENT.	erson's physical and mental limits and ING IN THIS EVENT(S). I certify that I a in by qualified health/and or medical park, The Cumberland Park and Recradinistrators in consideration for pereby take the following action for my behalf, and I expressly acknowled it I AGREE that prior to participating in itsafe I will immediately advise the Racradinary and the provided shuttle, THE FOLLOWING ARTMENT, THE TOWN OF CUMBERLAN REGOVERNMENTAL BODIES OR LOCATION AND AGENTS OF ANY OF THE ABOVE I HEREBY RELEASING OR ARE CAUSED or persons on the course route, and I LOTHER RISKS associated with participating the provided shown and appreciated being known and appreciated being known and appreciated being but not limited to attorneys' fees, is or inactions, (ii) my breach or failure and other participants or any of the Competitive Rules; or (iv) on information and/or likeness relatings or any other record of this event, a contact information, image, or likene DER 18 YEARS OF AGE MY PARENT/GUMPAREN	AIVER AND RELEASE FROM LIABILITY (AWRL) Ed carries with it the potential for death, serior am physically fit, have sufficiently trained for professionals. I acknowledge that my stateme reation Department, Lindon Group, the town ermitting me to participate in this event. In converse, administrators, heirs needge that it is my intent to take these actions: In this event I will inspect the race course, obsect Director of the even and not participate; (complete in this event I will inspect the race course, obsect Director of the even and not participate; (complete in this event I will inspect the race course, obsect Director of the even and not participate; (complete in the future arise out of, result from, or relate to go persons or entitles, for death, personal injury, partial or the future arise out of, result from, or relate to go persons or entitles. HERCOY F.I.T. LLC, D. ND, RI, EVENT SPONSORS, RACE DIRECTORS, INTONS IN WHICH EVENTS OR SEGMENTS OF EVIDE, EVEN IF SUCH CLAIMS, LOSSES, OR LIABILIT BY THE NEGLIGENT ACTS OR OMISSIONS OF ASSUME THE RISK OF RUNNING OR PARTICIPATION of the claims, lightning, defective equipment and in this event including but not limited by me; and I further acknowledge that these in h (c) or of other persons or entities. I FURTHE of the claims, losses, or liabilities that I have deal above in subparagraph (c) from any and allowed in subpar	us injury, and property loss. I participation in this event(s), and ents on this AWRL are being of Cumberland, RI, Cumberland onsideration for allowing me to ext of kin, successors and assigns, (a) I AGREE to abide by the stacles, facilities, equipment, and extended in the stacles, facilities, equipment, and extended in the stacles, facilities, equipment, and extended in the stack, facilities, equipment, and extended in the stacles, facilities, equipment, and extended in the stack, facilities, equipment, and extended in the stack, for the stack, for permanent disability, property to my participation in or the participation in the participation in the stack of the fact of the stack, and any hazard that may be the ear, and any hazard that may be the extended, released, or discharged il expenses incurred, claims made, of or resulting from, directly or put the stack of the stac
SIGNATURE:			DATE: 11/21/20
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