

MCMWTC 10k Mountain Madness Registration Form

Participant's Name (Last, First)		Age	Date of Birth (MM/DD/YY)
Daytime Phone Number		Email Address	
Gender	Shirt Size (circle one)	Registration Fee (Feb 1 – March 30) \$40	
Male Female	XS S M L XL 2XL 3XL	Registration Fee (April 1 – April 30) \$50	

MCMWTC 10k Mountain Madness Release, Waiver & Hold Harmless Agreement

Please make all checks or money orders payable to MCCS. Mail or return this document with the base access form to Marine Corps Mountain Warfare Training Center, SemperFit Gym or mailing address:

**MCMWTC
MCCS Marketing
HC83 Bldg 6002
Bridgeport, CA
93517**

I, the undersign Participant or parent/legal guardian of minor Participant, in consideration of permission granted by the United States Department of Defense, the Department of the Navy, the United States Marine Corps, Marine Corps Installations – West, Marine Corps Mountain Warfare Training Center, Marine Corps Community Services, and Semper Fit (collectivity known as the “Grantors”) in allowing me or my minor child, to participate in the 10k Mountain Madness at MCMWTC (hereinafter known as the "Event"), hereby represent, covenant and agree, on behalf of myself, my heirs, executors and administrators of my estate, legal representatives or anyone else acting on my behalf that:

1. I understand and accept participating in the Event involves certain risks, to include but not limited to terrain, weather conditions, wildlife, other participates, motor vehicle traffic, spectators, my or my minor child’s personal physical and mental condition. I acknowledge participation in the Event may result in injuries, possible death, property damage or other harm to myself and others. I understand that the Grantors are not responsible for securing personal property during the Event, and I accept the risk my personal property may be lost, stolen, or

damaged. I accept and voluntarily incur all risks of any injuries, damages, or harm which arise during or result from my participation or that of my minor child, in the Event.

2. I authorize emergency medical treatment, in the occasion of injury or illness, for myself or minor child. I also authorize trained health care providers, including, but not limited to physicians, nurses, nurse practitioners, and hospital corpsmen to administer routine and/or emergency medicines and treatments, as needed.

3. I hereby waive and release any and all claims against staff, instructors, Event directors, Event producers, volunteers, officers, employees, representatives and agents of the Grantors for any injuries, damages, losses or claims, whether known and unknown, which arise during or result from my participation in the Event. I release and forever discharge the Grantors and the above identified parties from all such claims.

4. I agree to indemnify and hold harmless the Grantors from all losses, liabilities, damages, costs or expenses, including but not limited to attorneys' fees, litigation costs and expenses incurred by the Grantors as a result of any claims or suits that I, or anyone claiming by, under, or through me, may bring against any of the Grantors to recover any losses, liabilities, costs, damages, or expenses which arise during or result from my or that of my minor child's participation in the Event.

5. I also grant permission to the Grantor the use of my name and/or likeness or that of my minor child's, relating to my or minor child's participation in the event. I further agree to waive all rights to any future compensation to which I may otherwise be entitled as a result of the use of me or that of my minor child's name or likeness.

6. By affixing my signature on this form, I affirm I have carefully read and reviewed this Release, Waiver, and Hold Harmless Agreement. If any provisions contained herein is held to be invalid, void or illegal by any court of competent jurisdiction, the same shall be deemed severable from the remainder of this informed Release, Waiver and Hold agreement form and shall in no way affect, impair or invalidate any other provision herein contained. I understand it fully and I execute it voluntarily.

Participant Signature _____

Date _____

Participants under 18:

Parent/Guardian Signature _____

Date _____

Relationship to Minor: _____

Contact Information:

Address: _____

Telephone Number () -