

Bluffton Parks Department



SATURDAY, FEB. 2ND AT 10 A.M.
OUBACHE STATE PARK, BLUFFTON, IN
RACE DAY REGISTRATION / CHECK IN OPENS AT 9:00

5 mile trail run (or walk) on the beautiful trails of Ouabache State Park.

Sometimes there is snow, sometimes there is ice, sometimes it's just really

cold - but it's always pretty in the park. It's a fun run with other

crazy runners and walkers who want to get out and enjoy the Indiana Winter!

There is also a 3 mile un-timed loop marked for those that want a shorter run.

Stay after the race for hot chili around the fire.

Registration is only \$10.00. Long Sleeve event shirts are \$5.00

Overall & Age Group awards for the 5 Mile.



Make Checks Payable and Return to
Bluffton Parks Department, 128 E Market St. Bluffton, IN 46714

CHILLY CHILI RUN REGISTRATION(PLEASE PRINT)

Name: _____

Email: _____

Address: _____

Phone: _____ Age _____

- CHILLY CHILI RUN 5 MILE REGISTRATION \$10.00
 - CHILLY CHILI RUN 3 MILE REGISTRATION \$10.00
 - LONG SLEEVE EVENT SHIRT \$5.00
- note: shirt is not included in \$10 registration

CIRCLE SIZE: S M L XL 2XL Total

WAIVER AND RELEASE OF LIABILITY I acknowledge that this event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and/or property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, lack of hydration, condition of athletes, equipment, vehicular traffic, and actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, event monitors, and/or producers of the event. These risks are not only inherent to the athletes, but are also present for volunteers. I hereby assume all of the risks of participating in and/or volunteering at this event. In consideration of my application and for 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) **I HEREBY WAIVE, RELEASE AND DISCHARGE** the City of Bluffton, Indiana, the Mayor of Bluffton, the Common Council of the City of Bluffton, the Bluffton Board of Public Works and Safety, the Department of Parks and Recreation of the City of Bluffton, the members of the Board of Parks and Recreation for the City of Bluffton, the event holders, the event sponsors, Wells County, the Board of Commissioners of Wells County, the Wells County Council, and any agents, successors, assigns or employees of any of the foregoing (hereinafter collectively "the Releasees") from any and all claims or liabilities for death, personal injury, property damage, theft or damages of any kind, whether or not attributable to the negligence of the Releasees, which arise out of or are in any way related to my participation in this event or traveling to and from this event. (B) **I HEREBY INDEMNIFY AND HOLD HARMLESS** the Releasees as previously identified from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during this event and/or arising out of my travels to and from this event. I hereby consent to receive medical treatment, 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. I hereby affirm that I am 18 years of age or older, that I have read and understand the foregoing Waiver and Release of Liability and/or have had the opportunity to discuss it with race officials to my satisfaction. I hereby consent to receive medical treatment, which 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.

I understand that my entry fee into this event is non-refundable. In the unlikely event that it is cancelled due to extreme weather conditions or safety concerns, my entry fee will be used a donation to the Bluffton Parks Department.

Date _____ Signature _____ Printed Name _____

PARENT/GUARDIAN WAIVER AND RELEASE OF LIABILITY FOR MINORS

I, the undersigned, being the parent or legal guardian of the participant who is less than 18 years of age, hereby represent that I have read and understand the foregoing Waiver and Release of Liability. In my capacity as parent./guardian of the participant, and on behalf of the participant, the participant's estate, assigns and successors in interest, I hereby agree to waive and release from liability each of the Releasees as identified above in the same manner as indicated above.

Parent/Guardian Signature for Minor _____ Printed Parent/Guardian Name _____