



Saturday, June 8th at 8:00 a.m.

**PICKETT'S RUN PARK
RIVER ROAD & WAYNE STREET
Bluffton, Indiana**

**4 Mile Bike Race, 3 Mile Run
OR**

Do Both & Earn Road Challenge Medal!

Ride Awards: Top 3 Overall Male & Female, Top 3 Male & Female Age Group
Run Awards: Top 3 Overall Male & Female, Top 3 Male & Female Age Group
Challenge Awards: Complete both events and earn Off Road Challenge Medal.
Top 5 Overall Male/Female Combined Event Times

schedule of events

7:00 - Check In Opens, Race Day Registration Opens
8:00 - Bike Ride Starts, 8:30 - Run Starts
9:30 - Awards

About the Course: This is a straight, flat, fast, out & back course along the Wabash River. The bike race will take place on River Road (closed to vehicle traffic), the run will take place on the Bluffton's River Greenway paved path.

ROAD CHALLENGE REGISTRATION

(please print)

*Name: _____

*Email: _____

*Address: _____

*Circle One: Male or Female *Age on Race Day: _____

T-Shirt Information

___ Adult Sizing Circle One: S M L XL 2XL

Event Selection

___ Bike Ride.....\$10.00
___ Run\$10.00
___ I'm doing BOTH.....\$15.00

WAIVER AND RELEASE OF LIABILITY

I acknowledge that this athletic 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. I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person. I acknowledge that this Waiver and Release of Liability form will be used by the event holders, sponsors and organizers of this event and that it will govern my actions and responsibilities in connection with 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, 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. In the unlikely occurrence that this is event is canceled due to weather or safety concerns, I understand that my entry fee is non-refundable and will be used a donation to the Bluffton Parks Dept. This Waiver and Release of Liability shall be construed broadly to provide release and waiver to the maximum extent permissible under applicable law. 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.

Dated this _____ day of _____, _____.

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 and/or have had the opportunity to discuss it with race officials to my satisfaction. 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. Further, in consideration of the participant's application and for being permitted to participate in this event, on behalf of the participant, the participant's estate, assigns and successors in interest, I hereby agree to indemnify and hold harmless each of the Releasees as indicated above in the same manner as indicated above.

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

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

