



FIRST NAME:				LAST NAME:	
ADDRESS:					
EMAIL ADDRESS:					
PHONE NUMBERS:	(M)		(H)		(W)
DATE OF BIRTH:				GENDER:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
REGISTRATION TYPE:	<input type="checkbox"/> INDIVIDUAL (\$45)				
T-SHIRT SIZE:	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> XXL <input type="checkbox"/> XXXL
EMERGENCY CONTACT NAME & PHONE NUMBER:					

### Release & Waiver of Liability

I acknowledge and understand that: the entry fee for the Run Dirty Event is non-refundable and non-transferrable and that the event organizers at their sole discretion have the right to change, cancel, or postpone the event; Participating in the Run Dirty event is potentially hazardous and there is potential for suffering serious physical trauma, injury or death; and, I should not enter or participate unless I am physically able and appropriately trained. In consideration of the acceptance of my entry, I elect to voluntarily compete in this event knowing and assuming the risks and I hereby voluntarily assume complete responsibility for the risk of any injury or accident I may sustain. By participating in this event, I for myself, my heirs, executors and administrators, hereby release and forever discharge Family Guardian Insurance Company Limited and any other entities, or persons associated with the Run Dirty event and each of their respective employees, agents, volunteers, representatives, and affiliates, from any and all liabilities, claims, actions, or damages that I may have against them arising directly or indirectly from or in any way connected with my participation in this event. I grant authority to the Medical Director of this event along with his agents, affiliates, and designees to have access to all of my medical records and medical physicians and I further authorize medical treatment as required. I grant permission to Family Guardian Insurance Company Limited to use my name, photographic likeness, videotapes, motion pictures, and any other media or any other record of this event for any legitimate purpose including but not limited to promotional efforts of any kind without any compensation to me. I warrant that all statements made herein are true and correct and I understand that I am allowed to participate in this event on account of signing this Waiver and Release. **I HAVE READ THE FOREGOING AND HEREBY DECLARE THAT I UNDERSTAND ITS CONTENTS AND INTENTIONALLY AND VOLUNTARILY CERTIFY COMPLIANCE BY ACCEPTING AND SIGNING THIS WAIVER.**

**PARTICIPANTS MUST BE OVER THE AGE OF 18. IN THE EVENT THE PARTICIPANT IS UNDER THE AGE OF 18,** as the parent or legal guardian for the above named minor I hereby give my permission for my child or ward to participate in this event and further agree individually on behalf of my child or ward to the abovementioned terms. I certify that my child/ward is in good physical condition and is able to safely participate in this event. I hereby authorize medical treatment for him/her as required and authorize the Medical Director of the event along with his agents, affiliates, and designees to have access to his/her medical records.

\_\_\_\_\_  
SIGNATURE  
(PARENT/GUARDIAN IF UNDER 18)

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DD/MM/YY



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