

Palouse Days Barley Bar-Relay  
September 16, 2017 4pm

**\*contact Marie with any questions 509-595-1650 or  
marie-dymkoski@msn.com**

Team Name\_\_\_\_\_

Contact Person\_\_\_\_\_

Address\_\_\_\_\_

Email\_\_\_\_\_ Phone\_\_\_\_\_

Runner\_\_\_\_\_Position\_\_\_\_\_

Bib #\_\_\_\_\_Paid\_\_\_\_\_ Shirt Size S M L XL

\*\*\*\*\*

Runner\_\_\_\_\_Position\_\_\_\_\_

Bib #\_\_\_\_\_Paid\_\_\_\_\_ Shirt Size S M L XL

\*\*\*\*\*

Runner\_\_\_\_\_Position\_\_\_\_\_

Bib #\_\_\_\_\_Paid\_\_\_\_\_ Shirt Size S M L XL

\*\*\*\*\*

Runner\_\_\_\_\_Position\_\_\_\_\_

Bib #\_\_\_\_\_Paid\_\_\_\_\_ Shirt Size S M L XL

**Payment by Cash or Check only: \$80 per team. All payment must be made at the same time. Make check payable to: Marie Dymkoski-Heidi Keen Benefit 430 E Maxwell St., Palouse, WA 99161 All participants must read, sign and date the following waiver before participating in the Barley Bar-Relay. Missing signatures will result in inability to participate in the race with only a partial refund.**

**ASSUMPTION OF RISK AND RELEASE OF LIABILITY**

In consideration for being allowed to participate in the Palouse Days Barley Bar-Relay on September 17, 2016 (the "Activity"), I voluntarily agree to assume all the risks involved in participating in such Activity . I understand that direct supervision will not be provided and by participating in the Activity, I expose myself to the risk of injuries including but not limited to temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, head, neck or spinal injuries, loss of use of arms and/or legs, eye damage, disfigurement, drowning or death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of my participation in this Activity which cannot be specifically listed. Further, I recognize that the actions of other people either affiliated or not affiliated with the Organizers listed below may cause harm or loss to my person or property.

**Release of Liability**

In further consideration for being allowed to participate in the Activity, I hereby release and hold harmless the City of Palouse, the Palouse Chamber of Commerce, The Palouse Caboose, property owners, and all of their respective officers, employees, agents and representatives (hereafter "Organizers"), from any and all liability, claims, costs, expenses, injuries or losses, including those resulting from the negligent acts or omissions of the Organizers, that I may sustain as a result of or in relation to my participation in the Activity. I also release the Organizers from loss or damage to my person or property caused by other people either affiliated or not affiliated with the Organizers, and I will indemnify (including reimbursement and defense as defined under law) and hold harmless the Organizers from any loss or damage which may arise from my negligent acts or omissions.

If any part or portion of this Assumption of Risk and Release of Liability is determined to be invalid or unenforceable, the remaining parts or portions shall be enforceable.

I have carefully read this Assumption of Risk and Release of Liability and fully understand its contents. I am aware that this Assumption of Risk and Release of Liability is legally binding and I sign it of my own free will.

Participant 1 Printed Name: \_\_\_\_\_

Signature:\_\_\_\_\_ Date: \_\_\_\_\_

Participant 2 Printed Name: \_\_\_\_\_

Signature:\_\_\_\_\_ Date: \_\_\_\_\_

Participant 3 Printed Name: \_\_\_\_\_

Signature:\_\_\_\_\_ Date: \_\_\_\_\_

Participant 4 Printed Name: \_\_\_\_\_

Signature:\_\_\_\_\_ Date: \_\_\_\_\_

(THIS DOCUMENT WILL BE CONSIDERED EFFECTIVE FROM THIS DATE FORWARD)

Name (please print):

Signature of Witness to the Signing of this Document:

---

**NOTE:** You are strongly encouraged to consult with a physician before participating in any physical activity to determine any potential conditions that may adversely affect your participation. Those with pre-existing conditions are encouraged to wear a medical alert bracelet or neck tag indicating the appropriate medical information. It is strongly recommended that all participants have a medical insurance policy that will cover injuries or illness that may occur due to participation in this event.