



Third Annual
Totem Trot Fundraiser

5K Run/Walk -- ½ Marathon

August 13, 2016

SHELDON MUSEUM
& CULTURAL CENTER



Participant Registration

Please fill out the following information

Full Name: _____

Age: _____ Gender: M F

Event: 5k walking 5k running ½ marathon running

Phone number: _____ Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

\$20 registration fee for 5K*: Cash Check

Card: _____ Exp: _____ CVV: _____

\$35 registration fee for ½ Marathon (\$50 after July 16)*: Cash Check

Card: _____ Exp: _____ CVV: _____

To complete registration, please read and sign Acceptance of Risk Agreement stapled on the back of this form and write your name on the removable portion of your number bib

To be completed by registration

Bib number: _____

Paid:

*registration fee waived with \$200 or more raised in sponsorships

Totem Trot Release and Acceptance of Risk Agreement

Thank you for participating in the Sheldon Museum and Cultural Center's Totem Trot fundraising run/walk. The Sheldon Museum is proud of its efforts to promote the safety and enjoyment of the participants. In order to fairly and honestly inform you, we want you to understand the hazards and accept responsibility for your own welfare.

Acknowledgement of Risk: I acknowledge that there are significant risks in any activity associated with the out-of-doors which cannot be eliminated without jeopardizing the essential qualities of the activity. Events may happen which are beyond the control of any person. These risks, both known and unanticipated, may result in my injury, illness, disease or death; or damage to my property. These risks may include, but are not limited to: 1) my own conduct or physical condition; 2) falling into and/or exposure to cold water and rain; 3) acts of other participants; 4) weather conditions; 6) contact with plants or animals; 7) condition of roads, trails, or terrain.

Acceptance of Risk: I accept the risks such as those I have acknowledged and assume all responsibility for such risks and their consequences arising from my participation in this activity. My participation in this activity is my voluntary choice.

Release: I voluntarily release the Sheldon Museum and Cultural Center and the Haines Borough, its agents and employees, other participants, and all other persons, and agree to indemnify and hold them harmless from all liability and claims and attorney fees or defense costs that are in any way connected with my participation in this activity, including specifically, but not limited to injury, illness, disease, death, or damage to property, my own negligent acts or omissions, and all negligent acts and omissions except those of gross negligence on the part of the Sheldon Museum and Cultural Center and the Haines Borough, its agents or employees. I agree not to sue or assert any claim against the Sheldon Museum and Cultural Center and Haines Borough, its agents or employees in connection with my participation in this activity. By signing this document I waive certain legal rights and claims. Venue of any dispute that may arise out of this agreement or otherwise between the parties to which the Sheldon Museum and Cultural Center, Haines Borough, or its agents is a party shall be in the Superior Court, First Judicial District, at Juneau, Alaska.

I understand that I am to be financially responsible for any medical treatment and/or necessary emergency evacuation resulting from my participation in this event. I have no medical or physical condition which could interfere with my safe participation in this activity.

I have carefully read this entire Release and Acceptance of Risk, fully understand its contents, and agree to its terms. I am not under the influence of alcohol or drugs that would affect my capacity to participate in this activity or to sign this document.

Participant _____ Address _____

Signature _____ Date _____