



THE EDGE

October 22, 2017

TEAM NAME _____

Registration fee: 3 hr event: \$50 per racer by Sept 22 - \$55 after that date (make checks payable to GOALS ARA)
 6 hr event: \$75 per racer by Sept 22 - \$80 after that date (make checks payable to GOALS ARA)

GOALS ARA ~ 1302 Spellman Drive ~ Downingtown, PA 19335

TEAM CATEGORY (please check appropriate box)

- Solo Male
- Same gender team of 2
- Co-ed team of 2
- Same gender team of 3
- Co-ed team of 3
- Solo Female
- Masters same gender team of 2
- Masters Co-ed team of 2
- Masters same gender team of 3
- Masters Co-ed team of 3

Masters division: team of 2 combined age must be at least 80. Team of 3 combined age must be at least 120 years.

TEAM MEMBERS

- Team Captain/contact person
- Team Member #2
- Team Member #3

NAME _____ AGE _____

ADDRESS _____

PHONE (DAY) _____ (EVENING) _____

E-MAIL _____ T-SHIRT SIZE _____

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")

In consideration of participating in the **THE EDGE ADVENTURE RACE** I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity.

I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue GOALS ADVENTURE RACING ASSOCIATION, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost which any may incur as the result of such claim.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed name of participant

Date: _____

Signature of participant

EMERGENCY CONTACT NAME (day of event) _____

EMERGENCY CONTACT PHONE (day of event) _____

Release for Minors

THE EDGE:

October 22, 2017

Parent or Guardian must complete the following:

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")

In consideration of participating in the **THE EDGE ADVENTURE RACE** I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity.

I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue GOALS ADVENTURE RACING ASSOCIATION, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost which any may incur as the result of such claim.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

I, as parent or guardian of _____, (provide first and last name of minor) represent to the Releasees that the facts herein concerning my child or ward are true. I give my permission for my child or ward to enter this adventure race. I have fully read the waiver above and understand all risks involved.

PARENT SIGNATURE _____ PARENT PRINTED NAME _____

EMERGENCY CONTACT NAME (day of event) _____

EMERGENCY CONTACT PHONE (day of event) _____

Address _____

Phone _____ E-MAIL _____