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| --- | --- | --- |
| First Name: | Last Name:  | Age on Event Date:  |
| Address: | Phone:  | Email:  |

**Please Check One:**

|  |  |  |
| --- | --- | --- |
| 1 KM Walk | 5 KM Walk/Run  | 10 KM Run  |

**Please Check T-Shirt Size:**

|  |  |  |  |
| --- | --- | --- | --- |
| Adult Small | Adult Medium | Adult Large  | Adult XL  |
| Youth Small 6-8 | Youth Medium 10-12 | Youth Large 14-16 | Adult XXL |

**Waiver and Release of Liability for Participants:**

In consideration in being permitted to participate in the Miles for Mental Health Run, I agree to assume all risks inherent in participation of such an event, whether they be apparent or not. I certify that I am in good physical health and fit to participate. Nevertheless, I acknowledge that participation carries an inherent risk of injury to my person and damage to my property. I hereby waive and release, for myself and for my heirs and assigns, and all claims, causes of action, or liabilities which may hereafter accrue against Miles for Mental Health Volunteer Committee, and its affiliates, their agents, volunteers, their successors and assigns Miles for Mental Health Volunteer Committee, and any and all sponsors, their representatives and successors, that may arise as a result in the Miles for Mental Health Run, including any and all claims for personal injuries cause by Miles for Mental Health Volunteers Committee’s negligence.

Further, I hereby grant full permission to any and all of foregoing to use any photographs, recordings, or any other record of these events for any legitimate purpose, including advertising without monetary payment to me. (This form is protected by the Privacy Act)

|  |  |
| --- | --- |
| Signature of Participant:  | Date:  |

**This section to be read and signed by parent/legal guardian if participant is a minor:**

As a parent/legal guardian of the above named participant I hereby waive and release on behalf of my child, any and all claims, and causes of action, or liabilities which may hereafter accrue against Miles for Mental Health Volunteer committee, and its affiliates, their agents, volunteers, their successors and assigns, Miles for Mental Health Volunteer Committee, and any and all sponsors, their representatives and successors, by reason of my child’s participation in the said event, including any and all claims for personal injuries, cause by Miles for Mental Health Committee’s negligence. In addition, I accept full responsibility for the care and supervision of my child during the above described.

|  |  |
| --- | --- |
| Signature of Parent/Legal Guardian:  | Date:  |

**This event is non-registered.**

**Online registration available on Town of Neepawa Website -** [**http://www.neepawa.ca/event/miles-mental-health-fun-run/**](http://www.neepawa.ca/event/miles-mental-health-fun-run/)

**Or Mail with entry fee (Early Bird $40, $50 After August 10th, Kids 5 and under Free) to Box 1363, Neepawa MB, R0J1H0**

**August 20th, 2017 @ 8:30 am**

**The Flats, Neepawa, Manitoba**

milesformentalhealth1@gmail.com

Event Proceeds and Donations go to Suicide Prevention Implementation Network

