Fort Polk Army Ten Miler Qualifier #2 Registration
Form Intramural Sports
5 June 2020

First Name:_____ Last Name:_____

Email Address:_____

Cell Phone:_____ Work Phone:_____

Street Address:_____

City:_____ State:_____ Zip:_____

Organization/Unit:_____

Gender:_____ Birth Date:_____ Age (on day of event):_____

Liability & Publicity Release

In consideration for receiving permission to participate in this event, I shall indemnify, waive, release, and forever discharge the U.S. Government, the U.S. Army, Family and MWR, and all sponsors, medical support and any other individuals or entities connected in any way with this event from any and all claims for damages, death, personal injury or property damage and/or litigation costs/attorneys' fees, arising from or contributing to, in whole or in part, by any act, omission, fault or mistake of the above-named persons or entities and their employees or agents, resulting from my participation in this event. I verify that I have full knowledge of the rigors of this event and the risks involved in participation, including but not limited to trip and fall, loss of orientation, exhaustion, dehydration, hyponatremia, fatigue, over-exertion, sun or heat stroke, illness, cold injuries, hypothermia, drowning (if water event), and any other injuries related to running and/or endurance events. I assert that I am physically fit and have sufficiently trained to complete this event. I realize medical support for this event will consist primarily of first-aid type assistance, perhaps by volunteer laypersons. This waiver and release shall be binding on my heirs and assigns and shall run in favor of the above-named persons or entities and any individuals in any way connected with this event.

I further agree to have my participation in this event videotaped and photographed, and I hereby waive and release all rights to said videotapes and photographs to Family and MWR for its exclusive use in publicity for and/or illustration of special events. By signing up for this event online, I agree to be automatically added to the mailing list to be alerted of new events and activities that I may be interested in. I can opt out at any time through received email. I agree to abide by all decisions of Family and MWR and its designated officials. I have read and understand the contents of this Liability & Publicity Release.

Participant's Signature:_____ Date:_____

Printed Name:_____