



# ROCKTOBERFEST 5K run/ bike

10.29.11 - family life fellowship

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Alt Phone: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
Please check one: \_\_\_\_\_ I am running/walking only \_\_\_\_\_ I am running/walking and biking  
T-Shirt Size (Adult sizes only, please circle) S M L XL XXL

\*Registration begins at 7 am, race begins at 8:30 am at the Destiny Center, 526 W Reed Street.

All participants will be registered for door prizes and will receive a long sleeved tech shirt. Refreshments will be provided.

The proceeds from the Rocktoberfest 5k will benefit the Central Missouri Honor Flight Program. More information is available at [www.centralmissourihonorflight.com](http://www.centralmissourihonorflight.com).

### Waiver and Release Agreement

I, the Releasor, being of lawful age, in consideration of being permitted to participate in the Rocktoberfest 5K Run and 10 Mile Bike in Moberly, MO, scheduled for Saturday, October 29, 2011 and operated by the Releasee, waive Releasor and discharge the Releasee, its owners, officers, directors, employees, members, agents, assigns, legal representatives and successors, and all business associates and partners involved in the presentation of the above noted activity and each of their owners, officers and employees from all liability for, or by reason of, any damage, loss or injury to person and property, even injury resulting in the death of the Releasor, which has been or may be sustained in consequence of the Releasor's participation in the activity described above, and notwithstanding that such damage, loss or injury may have been caused solely or partly by the negligence of the Releasee. I hereby acknowledge and agree that I have carefully read this Waiver and Release Agreement, that I fully understand the same, and that I am freely and voluntarily executing the same. By signing this release, I will be forever prevented from suing or otherwise claiming against the Releasee for any property loss or personal injury that I may sustain while participating in, or preparing for, the above noted activity. I have been given the opportunity and have been encouraged to seek independent legal advice prior to signing this Waiver and Release Agreement. I understand that I will not be permitted to participate in the above noted activity unless I sign this Waiver and Release Agreement. I understand that this Waiver and Release Agreement is binding for myself, my spouse, my heirs, my executors, administrators, personal representatives and assigns. I acknowledge that I do not have any physical limitations, medical ailments, or physical or mental disabilities that would limit or prevent me from participating in the above mentioned activity, and, if required, will obtain a medical examination and clearance. This release contains the entire agreement between the parties to this release and the terms of this release are contractual and not a mere recital. This Waiver and Release Agreement will be construed in accordance with, and governed by, the laws of the State of Missouri, and it is acknowledged by the Releasor to be as broad and inclusive as permitted by the laws of this jurisdiction. I hereby grant the Releasor the absolute right and permission to copyright and use, re-use, publish, and re-publish photographic portraits or pictures of me in which I may be included in whole or in part, or composite or distorted in character or form, without restriction as to changes or alterations, in conjunction with my own or fictitious name, made through or for any medium for use in any art, advertising, trade, or any other purpose whatsoever. I also consent to the use of any material printed in conjunction therewith. I hereby waive any right that I may have to inspect or approve the finished product or products or the advertising copy or printed matter that may be used in connection therewith or the use to which it may be applied.

I HAVE READ AND UNDERSTAND THIS AGREEMENT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEE.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Entry Fee \$20.00  
Donation \$ \_\_\_\_\_  
Total \$ \_\_\_\_\_

Checks may be made out to Family Life Fellowship.

Return this form to:  
Family Life Fellowship  
ATTN: Anna Land  
PO Box 716  
Moberly MO 65270

For questions, contact:  
Anna Land  
aland@mywdo.com  
or visit [www.flfministries.com](http://www.flfministries.com)

\*\*\*Race begins at 8:30 am at the Destiny Center, 526 W Reed Street, Moberly. Registration begins at 7:00 am \*\*\*