



BIB #

JULY 1-4, 2016

To benefit DC Inner City Excellence and Special Olympics!

On-Site Registration Form

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

BIRTHDATE: _____ GENDER: MALE FEMALE

DISCIPLINE:   

TEAM/CLUB/RINK: _____ USARS #: _____

AGE CATEGORY:

- | | | |
|--|--|---|
| <input type="checkbox"/> Primary 8 & Under | <input type="checkbox"/> Juvenile 9-10 | <input type="checkbox"/> Freshman 11-13 |
| <input type="checkbox"/> Junior 14-17 | <input type="checkbox"/> Senior 18-24 | <input type="checkbox"/> Master 25-34 |
| <input type="checkbox"/> Master 35-44 | <input type="checkbox"/> Master 45-54 | <input type="checkbox"/> Master 55+ |

EVENT(S):

- | | |
|---|---|
| <input type="checkbox"/> \$50 SAT-Pro/Elite Criterium | <input type="checkbox"/> \$70 SUN-Marathon |
| <input type="checkbox"/> \$30 SAT-10K | <input type="checkbox"/> \$50 SUN-Half Marathon |
| <input type="checkbox"/> \$20 SAT-5K | <input type="checkbox"/> \$20 SUN-5K |
| <input type="checkbox"/> \$20 SAT-Skateboard Races | <input type="checkbox"/> \$20 SUN-1-Lap Kids Roll [<13 years] |
| <input type="checkbox"/> _____ Donation to DC-ICE | <input type="checkbox"/> _____ Donation to Special Olympics |

Please make checks payable to "Skater's Quest".

TOTAL ENCLOSED: \$ _____

Please sign waiver on reverse side.



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Registration Form

General Waiver and Release of Liability

I understand and acknowledge that the inline skating is an activity involving a significant risk of personal injury, including disability and death. Acknowledging these risks, I hereby apply to enter the SKATE OF THE UNION, agreeing that I am solely responsible for my safety. I HEREBY AGREE TO WAIVE AND RELEASE any and all claims for injuries or damages, which I may incur during, as a result of my participation in this event, against the Skater's Quest, LLC., DC Inner City Excellence & Washington Area Roadskaters, their organizers, sponsors, sanctioning bodies, event employees, volunteers, officials, officers, directors, agents and medical personnel. I agree that I am solely responsible to be physically fit and sufficiently prepared to participate in this activity and to use equipment of a type and condition reasonably necessary to safely participate in this activity. If I require medical attention as a result of participation in the Skate of the Union, I hereby give my consent for authorized medical personnel of the Skate of the Union to provide such medical care as is deemed necessary. All medical expenses incurred will be the responsibility of the participant. This waiver and release shall be binding upon all my heirs and assigns. I understand that this event utilizes the AMB Chip Timing technology and that I may receive a rental chip upon check-in. I also understand that I will be charged a \$110 fee if the rental chip is not returned. I understand that no entry fee refunds or transfers can be allowed under any circumstance. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose, including commercial advertising. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the forgoing written agreement have been made.

RELEASE OF LIABILITY, WAIVER OF LEGAL RIGHTS AND ASSUMPTION OF RISK (Required for Sunday Events)

In consideration of participation in the Skate of the Union at the Fairfax County Criminal Justice Academy Driver Training Facility, located at 372 5 Stonecroft Blvd, Chantilly VA 20151; I hereby understand and agree to this release of liability, waiver of legal rights, and assumption of risk and to the terms hereof as follows:

1. I understand and acknowledge that Skate of the Union activities have inherent dangers that no amount of care, caution, instruction or expertise can eliminate and I EXPRESSLY AND VOLUNTARILY ASSUME ALL RISK OF DEATH OR PERSONAL INJURY SUSTAINED WHILE PARTICIPATING IN THE SKATE OF THE UNION WHETHER OR NOT CAUSED BY THE NEGLIGENCE OF FAIRFAX COUNTY OR ANY OF ITS AGENTS OR EMPLOYEES. Initial here _____
2. I take full responsibility for, RELEASE AND HOLD HARMLESS The Fairfax County Government, the Fairfax County Police Department, officers, elected officials, agents and employees from any and all liability, claims, demands or causes of action that I may hereafter have for injuries or damages arising out of my participation in the Skate of the Union, included, but not limited to, losses CAUSED BY THE NEGLIGENCE OF FAIRFAX COUNTY OR ANY OF ITS AGENTS OR EMPLOYEES. Initial here _____
3. I further agree that I WILL NOT SUE OR MAKE CLAIM against FAIRFAX COUNTY OR ANY OF ITS AGENTS OR EMPLOYEES for damages or other losses sustained as a result of any injury, or death, sustained from my participation in Skate of the Union. I also agree to INDEMNIFY AND HOLD FAIRFAX COUNTY OR ANY OF ITS AGENTS OR EMPLOYEES HARMLESS from all claims, judgments and costs including attorney's fees, incurred in connection with any action brought as a result of participation in the Skate of the Union activities by any of the undersigned. Initial here _____
4. I hereby expressly recognize that this Release of Liability, Waiver of Legal Rights, and Assumption of Risk is a contract pursuant to which I have released any and all claims against FAIRFAX COUNTY OR ANY OF ITS AGENTS OR EMPLOYEES resulting from any injury, or death, sustained from participation in the Skate of the Union including any claims for negligence of FAIRFAX COUNTY OR ANY OF ITS AGENTS OR EMPLOYEES. Initial here _____
5. I further represent that I am at least 18 years of age or am the parent/legal guardian of the named participant, I waive and release any and all legal rights that may accrue to me/my child as the result of any injury I/my child may suffer while participating in the Skate of the Union. Initial here _____

I HAVE READ THIS RELEASE OF LIABILITY, WAIVER OF LEGAL RIGHTS AND ASSUMPTION OF RISK AND FULLY UNDERSTAND ITS CONTENTS. I SIGN IT OF MY OWN FREE WILL.

Signature of Adult Participant: _____ Date: _____

Participants Name _____ (Please Print)

Parent/Guardian Signature (if applicable) _____