

The Rosemary Weigel Virtual Frostbite 5k

Saturday, December 5, 2020 - Richmond Indiana

Proceeds go to Park Department summer programming in honor of longtime park employee Rosemary Weigel, who passed in February 2012.

How to?

Register for the Race

Run the 5K wherever you want, on your own time

Submit the time online at wchallenge.org

You're done!



PHYSICAL & OCCUPATIONAL THERAPY

OFFICIAL ENTRY FORM - MUST SIGN WAIVER BELOW

Name

Address

City

Zip

Email

Emergency Contact

Emergency Contact Phone #

This form may be reproduced if additional copies are needed. One form per person.

M F

Gender (please check)

___ / ___ / ____
Date of **Birth** (MM/DD/YYYY)

Make all checks payable to "City of Richmond"

Return to: Parks Department, Attn: Frostbite 5K, 50 N. 5th Street, Richmond, IN 47374

WAIVER AND RELEASE

THE UNDERSIGNED HEREBY AGREES THAT:

In consideration for the opportunity for _____ (myself, or my child or ward), participating in the Richmond Parks Department "Frostbite 5K run/walk" (hereinafter the "event"), the undersigned hereby forever releases and saves harmless the City of Richmond, Indiana, and/or the City of Richmond Parks Department, and all and each of its agents, Board members, employees and representatives, as well as any organizers or sponsors, both jointly and severally (hereinafter "Releasees"), from any and all liability, claims, and any and all damages, which may be incurred, including personal injuries sustained or death, as a result of myself or my child or ward participating in the event. Such release shall include, but not be limited to, any claims which may arise because of a negligent act or omission by the City of Richmond, the Richmond Parks Department, or any of their agents, employees or representatives, either jointly or severally; and for any claims, expenses, and damages which might hereafter be brought, claimed, or instituted for any reason whatsoever. I also understand, acknowledge, and agree that my image or name, or the image or name of my child or ward, may be subsequently used for publicity and/or promotional purposes including but not limited to photographs or videos of participation and said use of any image, name, photograph, or video by Releasees is expressly authorized by the undersigned. I also understand, acknowledge and agree that I have read the entry form and all information contained within said form and my signature below constitutes agreement with the form and all information contained therein. I also understand, acknowledge and agree that any entry fees, once paid, are non-refundable. This agreement shall be binding on all parties to this agreement as well as their heirs, successors, personal representative and assigns from and after execution hereof. The City of Richmond or the Richmond Parks Department has the right to rescind permission of the above activities at any time.

Signature (Parent/Guardian if under 18)

Date