



**YMCA OF CENTRAL VIRGINIA
10th Annual
STORMING OF THUNDER RIDGE
REGISTRATION FORM**

Sunday May 19, 2019

INSTRUCTIONS: Only one entry per person. Make check payable to the YMCA. Complete this form, sign the waiver, and mail both to: Jamerson Family YMCA, SOTR, 801 Wyndhurst Drive, Lynchburg VA, 24502

NAME: (Last) _____ **(First)** _____ **Age:** _____

ADDRESS: (Street) _____ **(City, State, Zip)** _____

DAYTIME PHONE: _____ **E-MAIL:** _____

EMERGENCY CONTACT: _____ **(Phone)** _____

DISTANCE: _____ **27 Miler** _____ **45 Miler** _____ **47 Miler (TMO)** _____ **75 Miler** _____ **100 Miler (Century)**

Fees:

\$60	_____	(before Jan 1 st)	
\$70	_____	(Jan 1 st – Apr 30 th)	(27 MILER DEDUCT \$15)
\$80	_____	(May 1 st – May 18 th)	
\$95	_____	(Day of the Event – May 19 th)	

SIZE T-shirt **S M L XL XXL** (NOTE: guaranteed only if sign up prior to May 1st)

Check Here for Women's Fit

Vinyl Sticker \$6 _____ **3x7** _____ **4x9** **Additional Cause donation:** _____

CAMPING is Available: **OUTDOOR (Free)** _____ **INDOOR \$10** _____

AMOUNT PAID: _____ **Check #** _____ **Cash** _____

NEW THIS YEAR: Custom BIB Numbers -- first line will be your name, 2nd line is created by YOU, i.e. nickname, favorite saying, bible verse, city/state, etc. _____ (20 characters max)

Accident Waiver and Release of Liability:

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to the athletes, but are also present for volunteers. I hereby assume all of the risks of participating and/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released from dangerous or defective equipment or property owned, maintained or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently trained for participation in this event and have not been advised otherwise by a qualified medical person. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors and organizers, and that it will govern by actions and responsibilities at said events. In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kinds which may hereafter accrue to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: The YMCA of Central Virginia, 365 Specialty Sports, Inc., Bikes Unlimited Cycling and Fitness, Volunteers, Employees, and Promoter and their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event volunteers: (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether caused by the negligence of release or otherwise I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during this event. The Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document, and I understand its content.

Participant Name (print) _____ **Age** _____

Signature: _____ **Date** _____

For Participant Under 18:

Signature of Parent or Guardian _____ **Date** _____