



REZ RUN 2023

Walk-In Registration Form



CHOCTAW, MISSISSIPPI

Check one: 10k \$30 5k \$25 1mile \$20 t-shirt *only* \$20

\$5 off to all First Responders, Military Service Members and Veterans

Name: _____ Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Birthdate: ____/____/____

Age on Race Day: _____ Gender: Male Female

AGE GROUP

14 and under

15-19

20-29

30-39

40-49

50-59

60 & over

SHIRT SIZE

Youth S

Youth M

Youth L

Adult S

Adult M

Adult L

Adult XL

Adult 2X, 3X, 4X

(\$2 extra- circle one)

Waiver and Release of Claims

I understand my consent to these provisions is given in consideration for being permitted to participate in this Event. I further understand I may be removed from this competition if I do not follow all rules of this Event. I am a voluntary participant in this Event and am in good physical condition. I KNOW THIS EVENT IS A POTENTIALLY HAZARDOUS ACTIVITY AND I HEREBY VOLUNTARILY ASSUME FULL AND COMPLETE RESPONSIBILITY FOR, AND THE RISK OF, ANY INJURY OR ACCIDENT THAT MAY OCCUR DURING MY PARTICIPATION IN THIS EVENT OR WHILE ON THE PREMISES OF THIS EVENT. I, for myself, my next of kin, my minor children who attend the event, my heirs, administrators, and executors, hereby release and hold harmless and covenant not to file suit against the MISSISSIPPI BAND OF CHOCTAW INDIANS, its agents and employees, their affiliates and any affiliated individuals, any event sponsors and their agents and employees, and all other persons or entities associated with this Event (collectively, "Releasees") for any injury or damages I might suffer in connection with my participation in this Event or while on the premises of this Event. This release applies to any and all loss, liability or claims I may have arising out of my participation in this Event, including but not limited to, personal injury or damage suffered by me or others, whether such losses, liabilities or claims be caused by falls, contact with and/or actions of other participants, contact with fixed or non-fixed objects, contact with animals, conditions of the premises of the event, negligence of the Releasees, risks not known to me or not reasonably foreseeable at this time or otherwise.

Publicity Release: I give my consent and permission to THE MISSISSIPPI BAND OF CHOCTAW INDIANS, its affiliates, sponsors, successors, licensees and assigns, the irrevocable right to use, for any purpose whatsoever and without compensation, photographs, videotapes, audiotapes, or other recordings of me that are made during the course of this Event and the results of my participation in this Event (race time, name, participant number), if applicable to the type of Event where results are recorded.

SIGNATURE

DATE

Upon completion return to Nikki Comby, Race Director

Revd by: _____

Payroll Deduction Cash Check Charge