

Run to the Lights 2010 Entry Form

Date: _____

First Name: _____ Last Name: _____ Gender: _____

Birthdate: ____/____/____ Email: _____

Phone Number: _____ (home, cell, or work)

Address: _____

City: _____ State: _____ Zip: _____

T-shirt Size (Small, Medium, Large, X-Large,xx-large- Adult or child): _____

Sponsor/Company Name: _____

Team Name: _____

Adult \$25 _____ Child(12 and under)\$10 _____ Family\$40 _____

Waiver & Release of Liability

I, _____, understand that my, or my minor child, or the minor child in my legal custody's participation in the Run to the Lights (Event) is at my own risk. I understand there are risks associated with physical activity involved in the Event, including but not limited to possible falls, contact with other participants, effects of weather, traffic and road conditions. I agree to release, indemnify, defend, and hold Herschend Family Entertainment Corporation and its respective officers, employees, affiliates, subsidiaries, and independent contractors, and all of the Event sponsors, and the City of Branson harmless from and against any and all claims, liability, judgments, fines, and expenses, including attorney's fees and amounts paid in settlement actually or reasonably incurred in connection with any proceeding to which Herschend Family Entertainment Corporation, Event Sponsors, and/or the City is, or at any time becomes a party to or is threatened to be made a party due to my participation in the Event, WHETHER DUE TO THE NEGLIGENCE OF THE RELEASED PARTIES OR OTHERWISE.

I hereby grant *the Caring People*, with respect to photographs, motion pictures, video recordings, or any other record of the Event, in which I may be included, to copyright the same in its own name or otherwise;; to use, reuse, publish and re-publish in the same in whole or in part, in conjunction with any printed matter in any and all media now or hereafter known, and for any purpose whatsoever, for illustration, promotion, art, advertising, or any other purpose; and to use my name and any statement made by me in connection therewith, if *the Caring People* so choose.

Signature _____ Date _____

Parent Signature for participants under 18 _____ Date _____