CHASE HAWKS MEMORIAL ASSOCIATION
Virtual Run
October 10th-17th

Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone:_____ Email:_____

Age Category: Youth 13 & Under Youth 14-17 Adult 18-50 Adult 50 & Over

Race Length: 10K 5K 1 Mile Run/Walk

Shirt Size: Youth S Youth M Youth Lg
Adult S Adult M Adult L Adult XL Adult XXL Adult XXXL

WAIVER & RELEASE OF LIABILITY (signature required)-I know that running in an event that is organized as a virtual activity where I run on my own, at a date and time of my choosing, in a location and running route of my choosing, which will not have any support or security measures in place by Chase Hawks Memorial Association, is a potentially hazardous activity, which could result in injury or death. I acknowledge that I am participating in the activity outlined by this virtual event by my own free will and at my own personal risk. I will not participate in a virtual event unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I further agree to abide by the Center for Disease Control (CDC)'s recommendations for the prevention of the spread of COVID-19 and attest to having read the CDC's guidelines at www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html. I attest that if my community has a shelter in place order, that I will only participate in the virtual event by using a personal treadmill, and I will not run outside in the community during the duration of a shelter in place order. I agree to follow all pedestrian safety ordinances including running on a sidewalk where available and not in the road. I agree to follow the rules of that road if no sidewalk or multi-use trail is available and I will run again oncoming traffic and not with traffic.

I agree to abide by any decision of a race official relative to any aspect of my participation in this virtual event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I, having read the rules of the virtual race scheduled for October 10-17 including the terms in this waiver, the timeline of the virtual event, and agree to abide by them. I assume all risks to me associated with running on my own as part of this virtual activity, including but not limited to: falls, contact with other pedestrians, the effects of the weather, including snow and/or wind, traffic and the conditions of the road or trail, all such risks being known or unknown and appreciated by me when out running on my own without any type of support from local officials or event organizers.

Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Chase Hawks Memorial Association, the city of Billings, Yellowstone County, all event sponsors, their representatives and successors, from all claims or liabilities of any kind arising out of my participation in this virtual event and am voluntarily electing to run on my own as part of this virtual event. I grant permission to all of the foregoing to use my photographs which I may share online as part of the event, personal data provided during registration and post-event reporting, video or audio recordings, or any other record of this event for any legitimate purpose. I understand that this event does not provide for refunds in the event of a cancellation, and by signing this waiver, I consent that I am not entitled to a refund if the event is cancelled before or during the event.

_____ _____ _____
Signature Printed Name Date

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)
This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

_____ _____ _____
Parent/Guarding Signature/Relationship Parent/Guardian Printed Name Date

In the event of an injury, medical costs must be paid by the participant. Entry will not be accepted unless release and waiver are signed.

Entry Fees

**swag bags will be shipped to those unable to pickup October 8th or 9th at Time Out Sports in Billings, MT. Bags will be shipped to address provided on registration form and shipped the week of October 5th.*

Race 10K, 5K, 1 Mile	$25
Swag Bag Shipping	$5
Donation to Chase Hawks **(Optional)**	$_____
Total	**$_____**

Registration & payment due by September 18th to guarantee shirt. Registration officially closes October 9th.

Checks payable to:
Chase Hawks Memorial Association
PO Box 31333
Billings, MT 59107

Credit Card # _____

Exp. Date_____ CVC/CVV #_____

_____
Signature