

WARRIOR 150 CHALLENGE REGISTRATION FORM

First Name:		Last Name:	
Email:			
Street Address:			City:
State:	Zip:	Cell Number:	

Are you participating in the hike as a member of another group? If so which group (please list):

Are you a Veteran? **YES NO** (please circle) Are you Active Duty? **YES NO** (please circle)

Age: 0-17 18-35 36-45 46-55 56-65 66-74 75+

If you are under 18 years old please list a responsible adult: Name, relation & phone

Emergency Contact Information: Name, relation & phone

Acknowledgement of Risks, Release of Liability, Waiver of Claims and Indemnity Agreement

By registering for the **WARRIOR 150 CHALLENGE**, I understand that I am walking voluntarily, at my own risk, and that I am physically capable of participating in such walks. All participants are encouraged to talk to your health care provider prior to participation. If at any time I feel I am unable I will not join a hike sponsored for the Warrior 150 Challenge. I understand that during my participation of the Warrior 150 Challenge, I may be exposed to a variety of hazards and risks, foreseen and unforeseen, which are inherent and cannot be eliminated without destroying the unique character of the Warrior 150 Challenge. These inherent risks include, but are not limited to, the dangers of serious personal injury, property damage, and death ("Injuries and Damages") from exposure to the hazards of travel and that no one has not tried to contradict or minimize my understanding of these risks. I know that Injuries and Damages can occur by natural causes or activities of other persons, animals, hiking group members, hiking trip leaders or third parties, either as a result of negligence or because of other reasons. I acknowledge that the enjoyment and excitement of hiking is derived in part from the inherent risks in outdoor activity and these risks contribute to the enjoyment and are a reason for my participation. I understand that risks of such Injuries and Damages are involved in hiking and I appreciate that I may have to exercise extra care for my own person and for others around me in the face of such hazards. I further understand that on this hike there may not be rescue or medical facilities or expertise necessary to deal with the Injuries and Damages to which I may be exposed. I understand I am participating in the Warrior 150 Challenge as an individual and not an entity of Dayton VA Medical Center. Volunteers, Community Partners, and Dayton VA staff are not responsible for an Injuries or Damages and cannot be held liable.

Signature: _____ **Date:** _____

If under age 18 years, responsible adult must sign form.

Printed Name: _____

PLEASE PRINT FORM AND BRING COMPLETED TO FIRST HIKE YOU ARE PARTICIPATING IN.