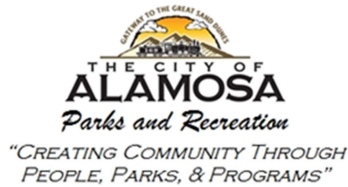


Bib Number



Alamosa Family Recreation Center
 2222 Old Sanford Road
 Alamosa, Colorado 81101
www.alamosarec.org



2019 Rio Frio 5K on Ice – Race Registration Form

RACE PARTICIPANT INFORMATION

First Name:	Last Name:	
Age Group:	0-13 • 14-18 • 19-29 • 30-39 • 40-49 • 50-59 • 60-69 • 70+	
Male	Female	
City:	State:	Zip Code:
Primary Phone:	Email Address:	
T-SHIRT SIZE: (YOUTH)-YXS • YS • YM • YL ADULT (UNISEX)- S • M • L • XL • 2XL (FEMALE)- S • M • L • XL		

ADDITIONAL MINOR FAMILY MEMBERS

First Name:	Last Name:	Age:	T-Shirt Size:	Division:
				Male Female
				Male Female
				Male Female
				Male Female

EMERGENCY CONTACT INFORMATION

First Name:	Last Name:	Relationship:	Primary Phone Number:

RACE REGISTRATION				TOTAL DUE:
EARLY REGISTRATION UNTIL JAN 14TH 2019 -\$25	REGULAR REGISTRATION JAN. 15TH -25TH 2019 -\$30	DAY OF REGISTRATION JAN. 26TH 2019 -\$35	SPONSOR REGISTRATION	_____
				CASH _____
				CHECK # _____

IN CONSIDERATION OF YOUR ACCEPTING THE ENTRIES ON THIS FORM, I HEREBY, FOR MYSELF AND MY FAMILY MEMBER(S) WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES I MAY HAVE AGAINST THE CITY OF ALAMOSA, THE BEST TIME, LLC AND ITS REPRESENTATIVES, EMPLOYEES, SUCCESSORS FOR ANY AND ALL INJURIES SUFFERED BY MYSELF OR MY FAMILY MEMBERS AT THE ABOVE DESIGNATED ACTIVITIES SPONSORED BY THE ALAMOSA PARKS & RECREATION DEPARTMENT AND THE BEST TIME, LLC. I UNDERSTAND EVEN WITH REASONABLE SAFETY PRECAUTIONS IN PLACE; THERE IS INHERENT DANGER IN PARTICIPATING IN THE RIO FRIO 5K ON ICE 5K RUN/WALK OVER FROZEN WATER. IN THE EVENT OF ANY MEDICAL EMERGENCY, I HEREBY ASSUME RESPONSIBILITY FOR ALL MEDICAL EXPENSES ASSOCIATED WITH ANY EMERGENCY MEDICAL CARE. I AUTHORIZE PHOTOGRAPHY AND VIDEOGRAPHY OF MYSELF AND/OR MY REGISTERED DEPENDENT(S) AND THE USE OF ANY SUCH PHOTOGRAPHIC OR ELECTRONIC REPRODUCTIONS FOR ANY PURPOSE.

Signature of applicant:	Date: