

# REINDEER RELAY REGISTRATION FORM



November 20, 2016

**Check-in / Registration:** 2:30-3:45 p.m. in the Conwell Building (167 S. Conwell St. across from park)

**Relay Starting Time:** 4 p.m. (Even in a blizzard the relay will begin. See logistics below.)

**Celebration of Teams & Holiday Square Lighting:** 5 p.m.

Mugs will be distributed with hot chocolate or schnocolate (*ID required*) in the tent following the run.

Reindeer Relay

Reindeer Run: I wish to run the full 5K solo.

Team Name (If applicable): \_\_\_\_\_

Team Captain/Contact: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_



Register your team members on the next page. If a team member is running more than one leg, please list his or her name accordingly.

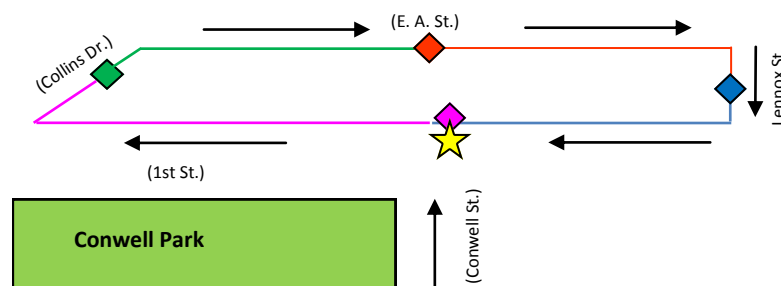
**\*\*At check-in/registration each team member must sign a waiver form to participate. Wrist bands will be given at check-in and must be worn by team members to participate.\*\***

*Complimentary Reindeer Relay mugs are available for the first 350 registered participants.*

## RELAY LOGISTICS

**Total Route = 3 miles.** Each team member will run about 5 blocks.

- ★ = Start/finish line - Conwell & 1st St.
- ◆ = 1<sup>st</sup> and 5<sup>th</sup> runners
- ◆ = 2<sup>nd</sup> and 6<sup>th</sup> runners
- ◆ = 3<sup>rd</sup> and 7<sup>th</sup> runners
- ◆ = 4<sup>th</sup> and 8<sup>th</sup> runners



- Parking will be available in the Wyoming Medical Center west parking garage.
- Must register/check-in from 2:30-3:45 p.m. to receive wrist bands. Check-in station will be located in Conwell Bldg.
- Each runner will be given a color coded bracelet that matches their starting point.
- Buses will be available to take runners to/from their designated starting/ending points at 3:50 p.m.
- At the end of the relay we will have a celebration with hot chocolate or a schnocolate (ID required) provided by the Ramkota in a Reindeer Relay mug.
- Holiday Square lighting will take place at 5 p.m.

# PAYMENT INFORMATION

The Reindeer Relay Fee is \$20 per person or \$160 per team of 8. The Wyoming Medical Center Foundation requests team payments be made together.

- Enclosed is \$\_\_\_\_\_ for our entire team. (If paying by credit card for the entire team, please complete line #1 in the box below).
- Enclosed is \$\_\_\_\_\_ for individual registration. (If paying by credit card complete line #1 in the box below) .
- Our team members wish to pay individually. (Please complete table below).

**Mail form and payment to:**  
**Wyoming Medical Center Foundation, 1233 E. 2nd St. Casper, WY 82601**  
**(307) 577-2973**



Individual or Team Member Name	Check Enclosed	Credit Card # and Expiration Date	Signature
1.)			
2.)			
3.)			
4.)			
5.)			
6.)			
7.)			
8.)			

\*\*All funds raised from the Reindeer Relay will benefit the Wyoming Medical Center Foundation's Angels Program. The Angels Program provides support to cancer patients during treatment including wigs, prosthesis, food and gas vouchers, mentorship, etc..\*\*

## Thank You for Your Participation!

**Reindeer Run Consent for Participation, Waiver and Release of Liability, and  
Consent for use of Photographs**

I, \_\_\_\_\_, in consideration for being allowed to participate in any way in the Reindeer Run sponsored by the Wyoming Medical Center Foundation (the "Run"), related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. There is a risk of injury to myself from the activities involved in the Run, and includes the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist.
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation.
3. I willingly agree to comply with the Run's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my readiness for participation and/or in the Relay itself, I will remove myself from the participation and bring such attention of the nearest official immediately.
4. I myself, and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Run, its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), with respect to any and all injury, disability, death, or loss or damage to person or property incident to my involvement or participation in these programs, whether arising from the negligence of the RELEASEES or otherwise, to the fullest extent permitted by law.
5. I myself, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above RELEASEES from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

**Consent for photographs and videotape:**

**I hereby give consent to have photographs and/or videotape taken of me. I understand I will receive no compensation for allowing photographs or videotapes to be taken. I understand that Wyoming Medical Center retains all rights to the use and distribution of material obtained for this purpose.**

**OR**

**I decline to be videotaped and/or photographed.**

**I HAVE READ THIS CONSENT FOR PARTICIPATION, WAIVER AND RELEASE OF LIABILITY AGREEMENT, AND CONSENT FOR PHOTOGRAPHY AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(PRINT NAME)

Date Signed: \_\_\_\_\_