



WARRIOR SPIRIT RUN

SEPTEMBER 20, 2018

REGISTRATION FORM

NAME: _____ Tribal Roll #: _____
(PLEASE PRINT)

ADDRESS: _____

DOB: ____/____/____

GENDER: MALE FEMALE

PLEASE CIRCLE WHERE YOU ARE RUNNING FROM:

WALTERS

CACHE

APACHE

T-SHIRT SIZE: (Please check one)

SMALL MEDIUM LARGE X-LARGE 2XL 3XL

PLEASE FAX YOUR REGISTRATION FORM TO: COMANCHE NATION DIABETES (580/280-4676) OR

YOU MAY HAND DELIVER TO THE FOLLOWING OFFICES:

COMANCHE DIABETES PROGRAM, address: #5, D AVENUE, LAWTON, OK 73501

COMANCHE NATION FITNESS: address: 904 F AVENUE, LAWTON, OK 73501

COMANCHE NATION YOUTH PROGRAM: address: Comanche Tribal Complex

Comanche Nation P.O. Box 908 Lawton, OK 73502
Phone: 580-280-4674 Toll Free: 1-877-492-4988 Fax: 580-280-4676

Participant Waiver for Comanche Warrior Spirit Run Registration

2018 Comanche Warrior Spirit Run
Thursday, September 20, 2018

I know that running in the 2018 Comanche Warrior Spirit Run, a road race is potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained. I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the race and agree to abide by them. I assume all risks associated with running in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road. 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 of The Comanche Nation, Staff, and Volunteers of the Comanche Warrior Spirit Run, The City of Cache, Fort Sill, Lawton, Medicine Park, and the Wildlife Refuge, from all claims or liabilities of any kind arising out of participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose. I understand that participation in this event is free and on a volunteer basis only. I am not entitled to any compensation for my time and efforts from Comanche Nation or any other entities. I have read and agree to abide by all rules.

Name: _____ Signature: _____ Date: _____
Parents/Guardian Signature (If under 18): _____

Waiver of Emergency Medical Treatment

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I, _____, the participant in the above event, acknowledge that I have suffered an injury or illness during said event and have been offered medical assistance and/or transport to a medical facility for said injury. However, I have declined such medical assistance/transport to a medical facility and have willingly elected to continue in the above event with full understanding that my conduct may increase my risk of serious injury or death, including other unknown risks not reasonably foreseeable at this time, and that I willingly agree to assume all risk and accept personal responsibility for my actions and any damages as a result of such injury, including permanent disability or death, and I do hereby release, discharge and covenant to indemnify and not to sue the organizer(s) of said event, its affiliated organizations and sponsors, employees and associated personnel, officers, directors, agents, including the owners and lessors of premises used to conduct the event, and I also agree to save and hold harmless and indemnify each and all parties herein referred to above from all liability, loss, cost, claim or damage whatsoever as a result of my actions referenced herein. I have read the above waiver/release and understand that I have given up substantial rights by signing this release and sign below voluntarily.

Name: _____ Signature: _____ Date: _____
Parents/Guardian Signature (If under 18): _____