

Army Ten Miler Team Qualifier #1 Registration Form GEORGIA AVE (ACROSS AIR ASSUALT COURSE) 20 MAY 2022



First Name:		_Last Name:	
Email Address:			
Cell Phone:		_Work Phone:	
Street Address:			
City:		_State:	Zip:
Organization/Unit:			
Gender:	_Birth Date:	Age (on day of event):	
Liability & Publicity Release			
discharge the U.S. Govern individuals or entities cor injury or property damag part, by any act, omission resulting from my participrisks involved in participal dehydration, hyponatrem (if water event), and any and have sufficiently trainfirst-aid type assistance, participal designation of the control of	nment, the U.S. Army, Faminected in any way with this e and/or litigation costs/att, fault or mistake of the about on in this event. I verify tion, including but not limit hia, fatigue, over-exertion, so other injuries related to runned to complete this event. perhaps by volunteer laype	ily and MWR, and a s event from any a torneys' fees, arisin ove-named person that I have full kno ted to trip and fall, sun or heat stroke, nning and/or endur I realize medical sursons. This waiver	shall indemnify, waive, release, and forever all sponsors, medical support and any other all claims for damages, death, personaling from or contributing to, in whole or in as or entities and their employees or agents, building of the rigors of this event and the loss of orientation, exhaustion, illness, cold injuries, hypothermia, drowning rance events. I assert that I am physically fit upport for this event will consist primarily of and release shall be binding on my heirs and any individuals in any way connected
I further agree to have my participation in this event videotaped and photographed, and I hereby waive and release all rights to said videotapes and photographs to Family and MWR for its exclusive use in publicity for and/or illustration of special events. By signing up for this event online, I agree to be automatically added to the mailing list to be alerted of new events and activities that I may be interested in. I can opt out at any time through received email. I agree to abide by all decisions of Family and MWR and its designated officials. I have read and understand the contents of this Liability & Publicity Release.			
Participant's Signature:		Date:	

Printed Name: