



## Team Information and Waiver for ARMS Extraordinary Race, 5/14/22

(print and complete)

**Team participant 1:** Name (please print): \_\_\_\_\_

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

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

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Team participant 2:** Name (please print): \_\_\_\_\_

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

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

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**If you have already paid online, disregard this next portion and go directly to waiver, please.**

Payment type: <input type="checkbox"/> Check <input type="checkbox"/> Debit/Credit <input type="checkbox"/> Will Call in Name on Card: _____ Signature: _____ Card Number: _____ Exp: _____ CCV: _____ Zip Code of card: _____ Amount: <input type="checkbox"/> \$50 <input type="checkbox"/> Other _____
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**WAIVER OF LIABILITY** All entrants are required to sign this waiver prior to participating in the event. I, the undersigned ("Applicant"), have registered to participate in a privately sponsored event that will use public right of way or public property. I agree to follow all traffic laws during this event. I am aware that a private sponsor has assumed supervision and control for the duration of the event and that emergency medical services will not be standing by. In partial consideration of permission for me to enter this event, I hereby hold harmless, WAIVE, RELEASE, and covenant not to sue participating business or their employees or Abuse Recovery Ministry & Services (ARMS) and their employees or officers, for any and all claims that may be legally obtainable for personal or bodily injury or property damage that I may suffer arising out of my participation in this event. By my signature I certify that I am 18 years of age or older or am the parent or legal guardian of the applicant and make these representations on behalf of my child or ward.

In signing this wavier, I am giving consent to have my picture taken, which may be used to promote future events. THIS IS AN IMPORTANT LEGAL DOCUMENT. READ IT CAREFULLY BEFORE SIGNING.

Signature 1: \_\_\_\_\_ Signature 2: \_\_\_\_\_ Date: \_\_\_\_\_

Bring this completed form with you to the race, scan and email to [info@abuserecovery.org](mailto:info@abuserecovery.org) or fax to 503-846-1182. If paying by check, mail check with form to ARMS, PO Box 663, Hillsboro, OR 97123