

Ultimate Challenge Mud Run Volunteer Consent Form

Name _____ Date of Birth _____
School/Organization _____
Allergies _____

As the parent/legal guardian, I _____ give my

permission for _____ to volunteer in the Mud Run. I also grant permission for the treatment deemed necessary for any condition arising during the participation in this event, including medical or surgical treatment that is recommended by a medical doctor. I grant permission for athletic trainers, nurses, paramedics, as well as physicians or those under their direction who are a part of the Mud Run injury prevention and treatment team to have access to necessary medical information. My signature indicates that to the best of my knowledge, my answers to the above information are complete and correct. I understand that the data acquired during these evaluations and treatments may be used for research purposes.

Whereas, The Ultimate Challenge Mud Run, hereinafter described as MudRun, has for 21 years sponsored what is commonly known and designated as the Ultimate Challenge Run and The Devil Pup Challenge; and

Whereas, the MudRun is organized for charitable and eleemosynary purposes and requires as a condition of participating that the undersigned participant, in consideration of permission to enter this activity, does hereby, for myself, my heirs, executors, administrators, personal representatives, assigns, and anyone entitled to act on my behalf, irrevocably release and forever discharge the MudRun its officers, agents, servants, associated partners and employees; sponsors; the Culler family, the owners of the property; promoters; managers; inspectors; officials; volunteers of the event; and any and every other person participating in the race from any and all claims for damages for injury or liability of any kind, illnesses alleged to result from the race, or damages of any and every kind suffered by me as a result of my participating in or travel to or from this event and further agrees to indemnify and hold harmless those released for costs, attorneys fees, or other expenses should I or any person for or on my behalf file a legal action against MudRun or any of those described in this document.

I also give permission to the MudRun for the full, free and unconditional use of my name and photograph in connection with this event in any type media, written account, broadcast or telecast of this event from beginning to end for any legitimate purpose.

Additionally; I understand that as a volunteer, I am an important resource to the success of the Mud Run and the enjoyment of Mud Run participants.

I will read and understand the contents of the volunteer guide and agree to abide by the rules and guidelines set forth for volunteering. I understand that failure to abide by the event rules and guidelines will result in removal from the event and no admission to the volunteer party.

By signing below, I agree to the above:

Signature of Participant _____ Date _____

Signature of Parent/Legal Guardian _____ Date _____

Emergency Contact Information

Name _____ Phone # _____