

Haunted Halloween Hustle

6.66K - October 31, 2020



Date: Saturday, October 31, 2020

Time: TBA—will be placed in groups

Location: Korte Rec Center

Distance: 6.66K

Fee: \$25

Course: The course will traverse around Frank Scott Watson Parkway, the Highland Cemetery and Glik Park.

Celebrate the Full Moon Halloween of 2020 with a 6.66K! Run or walk with family and friends this Halloween to work off that candy! This run will have groups of 10-20 people at a time to abide by the state regulations. We will try to group people by time and/or requests; cannot guarantee placement. If you would like to run/walk with a specific person or group please specify below. Start times will be emailed between October 22nd and October 28th.

ONE ENTRY FORM PER PERSON *CHECKS PAYABLE TO CITY OF HIGHLAND

Name: _____ Date of Birth: _____ Male/Female (circle one)

Address: _____ City/State: _____ *Register by 10/20 to be guaranteed a shirt

Email: _____ Phone: _____ Shirt Size (circle one)

Emergency Contact: _____ Phone: _____ Youth: S M L

Average 5k Time: _____ Group with: _____ Adult: S M L XL 2XL

In consideration of the City of Highland, IL furnishing the site, services and/or equipment to enable me to participate in the HAUNTED HALLOWEEN HUSTLE I hereby agree to the following:

- 1) I realize that inherent risks and danger exist with regard to my anticipated activities as a race participant.
- 2) I am in good health and capable of full participation as a participant in such activities. I understand that the City of Highland, IL has not, and will not conduct any investigation of, nor assume any responsibility for, any limitations that exist with respect to my health, including, but not limited to, physical and mental conditioning, pre-existing conditions, family history, or other factors. I acknowledge that the City specifically disclaims any such responsibility, including any obligation to provide emergency medical services, devices, personnel or other safety officials at event site.
- 3) I hereby assume all risks and dangers attendant to my participation. I realize my participation may result in injury or illness including, but not limited to, minor or serious bodily injury, disease, strains, fractures, partial and/or total paralysis, other disability or even death. I hereby assume all responsibility for any of my equipment or other personal property used by me in the course of such participation. I acknowledge that these risks and dangers may be caused by the negligence other parties, including other participants, volunteers, spectators or even employees, agents or officials of the City of Highland. I acknowledge and agree that I am solely responsible for any loss, damages or other liabilities incurred by me as a result of my participation, including, but not limited to, property damage, injury or illness, whether caused by force or nature, breach of contract, negligent actions or omissions of others, equipment failure, or any other circumstances of whatsoever nature.

To the fullest extent allowed by law, I hereby agree to release, hold harmless and indemnify, the City of Highland, its employees, agents and officials from any and all claims, demands or causes of action, including but not limited to, any illness or bodily injury, property damage, wrongful death, loss of services, resulting from my participation in the above mentioned activity. This release shall be binding upon me and/or those purporting to claim through me, including my family members, agents, and personal representatives. This Release shall be effective regardless of the nature of such claim or cause of action, whether arising from negligent acts or omissions by the City of Highland's employees, agents and officials, the leaders, facilitators, or sponsors of the activity, another participant or volunteer, equipment failure, any other person involved or from any other cause.

I HAVE READ THE ABOVE WAIVER AND RELEASE OF LIABILITY. BY MY SIGNATURE BELOW, I AGREE, AND IT IS MY INTENTION TO EXEMPT AND RELIEVE THE CITY OF HIGHLAND FROM ANY AND ALL LIABILITY ARISING FROM MY PARTICIPATION.

Participant Signature: _____ Date: _____
 (Parent's signature if under 18)