



### **Four.One.Four Events Packet Pick-Up Form**

In order to have someone else pick up your packet, the following **MUST** be completed and given to whomever is picking up your packet.

NOTICE: The person picking up your packet **MUST** bring this document and photo identification.

Racer's First Name: \_\_\_\_\_

Racer's Last Name: \_\_\_\_\_

Age: \_\_\_\_\_

Name of Person Picking Up Packet: \_\_\_\_\_

#### **ALL PARTICIPANTS:**

In consideration of the foregoing, I, for myself, my heirs, executors, administrators, personal representatives, successors and assigns, waive and release any and all rights, claims and courses of action I have or may have against Four.One.Four Events, LLC and its affiliates, their agents, employees, officers, directors, successors and assigns, the City of Milwaukee, Milwaukee County Parks and any and all sponsors, their representatives and successors, that may arise as a result of my participation in any Four.One.Four Race and any pre- and post- event activities. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event and my physical condition has been verified by a licensed medical doctor. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose including commercial advertising, without monetary payment to me. By signing, I am agreeing to the above waivers and disclaimers. I understand that there are no strollers or dogs allowed on the course.

IF ATHLETE IS UNDER AGE 18: I am the parent or guardian of \_\_\_\_\_. I certify that my son/daughter has my permission to participate in the Four.One.Four Events 5k Race and I have read and I understand the foregoing RELEASE AND WAIVER OF LIABILITY AGREEMENT (above) and by signing below intentionally and voluntarily agree to its terms and conditions and agree that its terms shall likewise bind me, my child, and our heirs legal representatives, and assignees. I further certify that my son/daughter is in good physical condition and is able to safely participate in the Four.One.Four Events Race, I hereby authorize medical treatment for him/ her and grant access to my child's medical records as necessary.

X \_\_\_\_\_

Signature of Participant Date

X \_\_\_\_\_

Signature of Parent or Legal Guardian – Date For Participants under 18 Years of Age