**2025 Officer Scott Patrick Memorial 5K Registration**

*Race Benefits: Special Olympics, Minnesota and Northern Dakota County Beyond the Yellow Ribbon*

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**FEES:** Registration Fees for the 5K are payable to Beyond the Yellow Ribbon. Forms and payment can be dropped off or mailed to Mendota Heights City Hall--1101 Victoria Curve, Mendota Heights, MN 55118

**PRIZES:** All prizes distributed as part of this event are provided by Beyond the Yellow Ribbon.

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| **PARTICIPANT INFORMATION** | | | | |
| PARTICIPANT FULL NAME: | | | | |
| STREET ADDRESS: | | | | |
| CITY: | | | STATE: | ZIP CODE: |
| PRIMARY PHONE NUMBER: | EMAIL ADDRESS: | | | |
| EMERGENCY CONTACT NAME: | | EMERGENCY CONTACT PHONE NUMBER: | | |
| BIRTH DATE: | | AGE ON RACE DAY: | | |
| GENDER: | | SHIRT SIZE (Small, Medium, Large, XLarge, XXLarge): | | |

**WAIVER**

In consideration of participating in the Beyond the Yellow Ribbon--Officer Scott Patrick Memorial 5K, I represent that I understand the nature of the event and that I and/or my minor child am qualified, in good health, and in proper physical condition to participate in such event. I acknowledge that if I and/or my minor child believe event conditions are unsafe, I and/or my minor child will immediately discontinue participation in the Activity.

I fully understand that the event involves risks of serious bodily injury, including viral infections, bacterial infections and other communicable diseases and illnesses, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the Releasees named below: and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I and/or my minor child incur as a result of my and/or my minor child’s participation in the Activity.

I hereby release, discharge, and covenant not to sue Beyond the Yellow Ribbon, their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the activity takes place, (each considered one the “RELEASEES” herein) from all liability, claims, demands, losses, or damages on my account and/or that of my minor child caused or alleged to be caused in whole or in part by the negligence of the “releasees” or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my and/or my minor child’s behalf, makes a claim against any of the “releasees”, I will indemnify, save, and hold harmless each of the “releasees” from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I grant Beyond the Yellow Ribbon permission to use my likeness, voice, and words in television, radio, film or in any other form to promote activities of Beyond the Yellow Ribbon.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, AND PARENTAL CONSENT AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

SIGNATURE DATE