

# HAUNTED HUSTLE

## THRIVE 5K RUN/WALK

### Registration & Liability Waiver Form

Each participant/participant guardian must sign this form

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**Must Register by September 30, 2022 to be guaranteed a t-shirt**

Women's S M L XL XXL

Men's S M L XL XXL

Youth S M L

**LOCATION:** Race will begin and end at MDI YMCA

**DATE:** Saturday, October 29, 2022 • Rain Or Shine

**TIME:** 7:00 – 7:45 am • Day of Registration  
8:00 am • Race Start

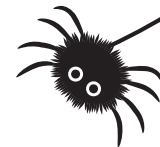
**COST:** **Pre-Registration** (per participant):  
\$25 (ages 12+) • \$15 (ages 5–11) • Under 5 is free

**Day of Registration** (per participant):  
\$30 (ages 12+) • \$20 (ages 5–11) • Under 5 is free

*All proceeds to benefit MDI Hospital*

#### PRIZES:

- Female 1<sup>st</sup> Place
- Female Runner Up
- Male 1<sup>st</sup> Place
- Male Runner Up
- Best Costume



**Register Online: [www.mdihospital.org/giving/5k/](http://www.mdihospital.org/giving/5k/)**

#### RELEASE OF LIABILITY

I know that running a road race is potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event. I attest that I have read the rules of the race and agree to abide by them. I assume all risks associated with running/walking in this event, including but not limited to falls, the effects of the weather, including high heat and/or humidity, traffic, and the conditions of the road, all such risks being known and appreciated by me. I understand that bicycles, skateboards, roller skates or roller blades, animals, and personal music players are not allowed in the race and I will abide by all race rules. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, wave and release Mount Desert Island Hospital from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if under 18)

\_\_\_\_\_  
Date