



Go Big Or Go Home

**PO Box 874
Warrensburg MO 64093
GoBigOrGoHomeRace@gmail.com**

Please fill out form completely and sign/date waiver (on back)

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone #: _____ Gender: M _____ F _____

Age: _____ DOB (MM/DD/YYYY): _____/_____/_____

T-shirt Size: YM(10/12) YL(14/16) S M L XL XXL (+\$2) XXXL (+\$4)

Pricing:

\$25 Individual Runner until March 1st 11:59 CST, after that \$30 until April 1st, and \$35 Race Day.

\$20 per runner with teams of 8 or more and \$20 per runner for relay teams of 6 members until March 1st 11:59 CST, after that \$25 until April 1st, and \$30 Race Day.

Please make checks payable to: Blaine Whitworth Foundation

Sends Checks/Cash to: PO Box 874 Warrensburg, MO 64094

*All registrants will receive an event T-shirt and goody bag if registered prior to April 1st. After April 1st T-shirts cannot be guaranteed.

** This run/walk is being held on the streets of Warrensburg. There are few road closings but there may be some light traffic on the course as the roads will not be closed. Volunteers will be at every turn and intersection to provide directions and traffic control, as well as signs at every turn.

***Race is rain or shine barring extreme weather. Once registered, there are no refunds and no transfers.

****We love our pets too, but for safety reasons, no pets are allowed.



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I am aware that participating in the **Run/Walk** can be a dangerous activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risk of participating in the above event include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, aggravation of underlying diseases which could result in illness such as a heart attack or stroke, and serious injury or impairment to other aspects of my body, general health and wellbeing. I understand that the dangers and risk of participating in the above event may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy living.

Because of the dangers of participation in the above event, I recognize the importance of following rules and regulations established by the GO BIG OR GO HOME Race Committee and agree to obey such instructions. I acknowledge that I am in good physical condition and do not know of any condition or reason that I should not be able to participate in the Run/Walk. I recognize and acknowledge that the GO BIG OR GO HOME Race Committee and any other agencies/businesses associated with the event DOES NOT carry special health insurance that would provide such special insurance coverage for me in the event I should sustain an accidental injury while participating in the Run/Walk.

I understand the risks involved in this activity and I am voluntarily participating in the **Run/Walk**. By my signature below, I hereby recognize and **assume all risks** associated with participating in mentioned **Run/Walk**, **waive any claim** that I might have arising out of this activity, and agree to **release and hold harmless** the GO BIG OR GO HOME Race committee and/or any other agencies/business associated, its employees, agents, representatives, and volunteers harmless from any and all obligations, liabilities, claims, demands, costs, and expenses, including attorney's fees, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the event of **Run/Walk**. The terms hereof serve forever as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

The invalidity of any portion of this Agreement shall not affect the remaining portions.

In signing this Waiver, I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from this Waiver have been made.

_____ Date _____
(Print name)

_____ (Signature) _____ (Address)

If under 18 years of age, Signature of parent or legal guardian

IT IS STRONGLY RECOMMENDED THAT EACH PARTICIPANT IN THIS PROGRAM PURCHASE INSURANCE WHICH COVERS ACCIDENTS, WHICH MAY OCCUR DURING PARTICIPATION IN ACTIVITIES.