VHS BASKETBALL COLOR FUN RUN
ON SUNDAY, JUNE 4th , 2017
Event 8:30 a.m – 12:00 p.m., Run at 9:30 a.m.

VHS Basketball
Color Fun Run Liability Waiver

In consideration of my entry in the "VHS Basketball Color Fun Run", I for my heirs, executors, administrators, and assigns, waive and release any and all rights and claims for all liability I may have or accrue against Ventura High School, Ventura Unified School District, its Board of Education, Administrators, Directors, Officers, Employees, or Agents (collectively VUSD), for any and all damages or injuries or accidental death which may be suffered as a result of my participation. I understand and acknowledge that the event will be held on uneven terrain, over public roads and through facilities that may be open to the public during the event. I knowingly and voluntarily accept and assume responsibility for any risks and dangers that could arise out of, or occur during, my presence at and participation in the event and will comply with any and all on-site directions, guidelines and rules of conduct at the event.

I will indemnify and hold VUSD harmless from and against all claims arising out of my participation in this event. I will pay all costs incident to any claim, including, without limitation, attorney's fees. I expressly agree that this agreement is intended to be as broad and inclusive as is permitted by the law of the State of California.

I understand that this event might be photographed for future advertising or event publicity on a website or otherwise. I authorize the unconditional use of my image for this reason while participating in the event. I understand that any photographs belong to VUSD and I will not receive payment of any kind.

I have read the information provided for this event and certify compliance by my signature below. I attest and verify that I am physically fit and sufficiently trained for competition in this event. If the participant is under age 18 this signature signifies that my son/daughter has permission to participate and that event officials can authorize emergency medical treatment if necessary.

_____ Date:_____ _____ Date: _____

Signature Signature of Parent/Guardian (if Participant is under the age of 18)

Please note: It is recommended that sunglasses or protective eyewear be worn during the event

PAYMENT: Cost $25.00 per Participant

☐ Cash ☐ Check (Payable to Ventura High Basketball Program)

☐ Credit Card - Please go online to the VHS Webstore Click Here

Participant (First & Last Name, Age) – **(Each Participant must have their own waiver)**	**Youth L**	**Adult XS**	**Adult S**	**Adult M**	**Adult L**	**Adult XL/2XL/ 3XL (Please circle)**

Participant Address & Email	

Emergency Contact First and Last Name :	**Phone #**	**Relationship**

Please mail this form with your check to: VHS Basketball, Attn: Ann Larson 2 North Catalina St, Ventura, CA 93001
Questions or to email this form please contact: venturabasketball@gmail.com or ann.larson@venturausd.org