



**PRIDE SAN ANTONIO KRYSTAL KELLY
RUNNING OF THE QUEENS HIGH HEEL RACE
REGISTRATION FORM**



 First Name Last Name

 Birthday M_____F_____

 Address

 City State Zip

 Phone Number Email

**PRIDE SAN ANTONIO KRYSTAL KELLY RUNNING OF THE QUEENS HIGH HEEL RACE
LIABILITY RELEASE**

I understand that participating in PRIDE SAN ANTONIO KRYSTAL KELLY RUNNING OF THE QUEENS HIGH HEEL RACE is a physical activity that has risk of injury to myself and others. I voluntarily assume that risk and voluntarily participate in PRIDE SAN ANTONIO KRYSTAL KELLY RUNNING OF THE QUEENS HIGH HEEL RACE and release Pride San Antonio Inc. and Gay Pride San Antonio, Gay Pride SA, or Pride SA of any and all liability in my participation in this event. Any liability or risk in participating in this event will be by my own and I release Pride SA, Gay Pride San Antonio, Pride San Antonio Inc, or Gay Pride SA of any and all liability. I do hereby discharge Pride San Antonio Inc., their Board of Directors, their members, employees, sponsors, beneficiaries, volunteers, organizers or their representatives, all cooperating businesses and organizations from any and all claims of damages, demands, actions, illnesses, death and causes whatsoever in any matter arising from or growing out of my participation in the PRIDE SAN ANTONIO KRYSTAL KELLY RUNNING OF THE QUEENS HIGH HEEL RACE.

I understand If I am registering a child under the age of 18 or an incapacitated adult I represent and warrant that I am the parent or legal guardian of that party and have the legal authority to enter into this agreement on their behalf and by proceeding with this event registration, I agree that the terms of this Liability Release shall apply equally to all Registered Parties. By registering a child under 18, I agree and consent to the collection of that child's information, which you provide for the purposes of registration.

I agree to indemnify Pride San Antonio and any of its affiliates, for all fines, fees, and expenses incurred as a result of the breach of any contractual obligations of my participation. I attest that I am of sound medical ability to participate in the PRIDE SAN ANTONIO KRYSTAL KELLY RUNNING OF THE QUEENS HIGH HEEL RACE.

I understand that I may be photographed, filmed, and/or videotaped at the event. I irrevocably grant to Pride San Antonio, its affiliates, partners, or collaborators the absolute right and permission to use my likeness and/or voice for any purpose whatsoever, including commercial advertising.

I state that I am physically fit and able to run in the PRIDE SAN ANTONIO KRYSTAL KELLY RUNNING OF THE QUEENS HIGH HEEL RACE, and I have trained sufficiently for this event. I also give full permission for such first aid as deemed necessary to be provided to me on the premises or prior to transport to a hospital for further treatment.

I understand that the registration fee is a non-refundable gift to Pride San Antonio Inc. in case of withdrawal on my part or cancellation due to inclement weather.

You must be over 18 years of age OR the parent/legal guardian of a minor under 18 years of age OR the legal guardian of an incapacitated and/or mentally challenged person in order to agree to the text above.

I agree with the waiver above.

 Signature

 Date