



GoFAR USA Park  
 895 S. Bethel Rd  
 Decatur, AL 35603  
 (256)345-0797



**Registration Form**  
**GoFAR Forest 4 Miler**  
**Trail Run**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age on race day: \_\_\_\_\_ Gender: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Choose a race to enter:

4 mile Trail Run

T-shirt Size:

XS  S  M  L  XL

**Waiver:**

I know that running a trail run / race is potentially hazardous activity. I should not enter and run unless I am medically stable and properly trained. I agree to abide by any decisions of a race official relative to safely complete the run. I assume all the risks associated with running in this event but not limited to fall, contact with other participants, the effects of the weather, including high heat and or humidity, traffic and other road conditions, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I for myself and anyone else entitled to act on my behalf, waive and release GoFAR USA Park and all sponsors, their representatives and successors from all claims in liabilities of any kind arising out of participation in the event. I grant permission to all of the foregoing to use photographs, video recording or any other record of this event for legitimate purposes.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Guardian Name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date