

Livingston Recreation Splash of Color Run Adult Registration Form



Updated 3-1-22 (Office Use ONLY) REGISTRATION# _____

Adult Participant's Name/Adulto Nombre del participante (18 yrs & up)	Shirt Size Talla de camisa list adult or youth size
	NO FRILLS ONLY

Address (dirección) _____ apt. _____

City (ciudad) _____ Zip-code _____

Phone Number (numero de teléfono) _____ Cell Number to TEXT: _____

EMAIL: _____

Emergency Contact (contacto de emergencia): Name:(nombré) _____

Home Telephone: numero de teléfono _____ Work Telephone: _____

In consideration of being permitted to participate in the Livingston Recreation Splash of Color Run, I with the intent of binding myself, my spouse(if any), and my heirs, legal representatives, and assigns, release and discharge the Recreation program sponsors, from all injuries or damages, suffered by the child while participation in the Splash of Color Run. I understand that in signing this release, I do no exempt or release the City and the Merced County Indian Chamber of Commerce, it's council persons, employees, agents, assigns or the Splash of Color run sponsors from responsibility for any fraud, willful injury or willful or negligent violation of the law committed by any such persons. I further understand that: "The City of Livingston or the Merced county Indian Chamber of Commerce does **not have or provide medical or accident insurance** for persons involved in programs sponsored by the Recreation Department.

Please Print Name: _____

Signed :(firma) _____ Date: _____

Order Form - NO FRILLS Registration Deadline MAY 13 , 2024 – Turn form into City Hall

Please Check the admission to the event you want:

No Frills ONLY Package \$20 event entry

(staff use only) Amount Paid _____ ck# _____ Date _____

Initials _____

