



REGISTRATION FORM

Marathon Adventures *Boot Camp*

Name: _____ Gender: Male Female

Mailing Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Phone: _____ Email: _____

Age: _____

Shirt Size: (circle) Small Medium Large X-Large

Session: (circle) 5:30 AM T-T (Only one session offered at this time)

Tell us about yourself/your running: _____

Registration \$	250
Total \$	

Make checks payable to:
DJC Adventures, LLC
1170 Oakburn Ave SE
Grand Rapids, MI 49546

I am participating at my own risk and waive all claims of every nature against the organizers, officials, sponsors, and any other participating agencies with respect to any personal loss, illness, bodily injury or death resulting from participating in these activities. I also fully understand the rigors of such competition and have prepared myself physically. At the time of registration, I will inform the organizers regarding any relevant medical condition.

I also grant permission for the use of my name and or likeness related to my participation in any event related to this training. I also grant the use of my voice and any and all recorded and or filmed/video/ photographed footage of me, and further waive all rights to any compensation, as a result of my name or likeness being used in any way.

I, the undersigned, have read the above waiver and release, and understand that I have given up substantial rights by signing it, and sign it voluntarily.

Signature _____ Parent (if under 18) _____ Date _____