



6th Annual Youth to Youth Color DASH GET DOUSED!

Registration Form

Date & Location	Registration
<p>May 5, 2022 (Rain date May 12) Middlebrook School (Back Field Area) 131 School Rd. Wilton, CT 06897</p> <p>Check in Time 3:15pm Start Time 3:30pm</p>	<p>Early Registration Fee (Ends 4/14): \$35 Late Registration Fee (Ends 5/5): \$40</p> <p>The registration fee includes run/walk registration, individual color packet, and t-shirt! *Only guaranteed if you sign up before 4/14/22</p>
<p>Description</p> <p>The Youth to Youth Color Dash is an untimed fun run. During the race, participants are doused with color at various color stations, and the race ends with one final color celebration at the finish line.</p> <p>All proceeds and donations benefit Wilton Youth Council programs such as Youth to Youth.</p>	<p>OPEN TO ALL MIDDLEBROOK STUDENTS, STUDENTS' FAMILIES and STAFF. ALL CHILDREN WHO ARE NOT MB STUDENTS MUST BE ACCOMPANIED BY AN ADULT</p>

Full payment due by **4/14/22** to guarantee a color packet, and t-shirt!
Mail to Middlebrook - Youth to Youth, ATTN: Tanya Leonard, 131 School Rd., Wilton, CT 06897 **or**
Hand-deliver to Middlebrook ROOM 156

Please circle one: STUDENT / FAMILY MEMBER / STAFF
Youth to Youth Member: Yes / No

Name: _____

Grade: _____ **Team Color:** _____

Address: _____

Email: _____ **Phone:** _____

T-SHIRT SIZE: SELECT ONE YOUTH: S M L - OR- ADULT: S M L XL 2XL

REGISTRATION: \$ _____

OF EXTRA COLOR PACKETS ____ **X \$4 EACH**

DONATION TO WILTON YOUTH COUNCIL: \$25 ____ \$50 ____ \$75 ____ \$100 ____

TOTAL ENCLOSED: \$ _____

Please make a check payable to Wilton Youth Council.

Event Rules

1. Participants must stay in designated areas directed by Youth to Youth and Middlebrook staff.
2. No disrespectful, rude or profane language will be tolerated.
3. No use of alcohol, cigarettes, e-cigarettes, Juul/Vape and/or drugs of any kind will be tolerated.
4. All participants must check in at the gym after school dismissal.
5. Children who are not Middlebrook students must be accompanied by an adult.
6. Participants should expect to be doused with color.
7. Any participant violating any of the above rules and regulations, or abusing any program privileges is subject to immediate dismissal from the program. Parent/guardian will be informed in case of dismissal from the program.

Participation Waiver and Photo Consent for 2021/2022 School Year Events

Participant Name (Please Print): _____

In consideration of being allowed to participate in the programs, related events and activities of Wilton Youth Council, Inc. (including events sponsored by any group associated with Wilton Youth Council, Inc. including PeerConnection, Youth to Youth, Warrior Council, Class Projects, and Post Graduation Party, collectively "WYC") the undersigned acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in any event or program is significant, including the potential for permanent paralysis and death. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM NEGLIGENT ACT OR FAILURE TO ACT OF THE RELEASEES** and I assume full responsibility for my participation.
2. I willingly agree to comply with the WYC rules and other terms and conditions for participation ("Rules"). If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such hazard to the attention of the nearest chaperone immediately. I understand that any failure to follow the Rules will end my participation in the event and return transportation, if required, will be at my own expense.
3. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS** WYC any of their officers, employees, volunteers, agents and/or any Town of Wilton or Wilton Public School employees or any other participant in the program (collectively **RELEASEES**), from any and all claims, demands, losses, and liability (including attorney's fees and costs) arising out of or related to any **INJURY, DISABILITY OR DEATH** I may suffer, or loss or damage to person or property, **WHETHER ARISING FROM THE NEGLIGENT ACT OR FAILURE TO ACT OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.
4. In the event of an injury requiring medical attention, I hereby grant permission to the chaperones and volunteers at the program or event to seek emergency medical attention without further consent from me or my parent(s) or guardian and I understand and agree that I shall be responsible for all associated medical costs and related expenses.

Permission to Be Part of Media Coverage/Use of any Student Images:

I grant to Wilton Youth Council, Inc. (including PeerConnection, Youth to Youth, Warrior Council, Class Projects, and Post Graduation Party, collectively "WYC") and to any volunteer or paid person acting on behalf of any of these organizations at any of the events sponsored by any of these organizations, the right to take and use photographs or video of me in conjunction with any such event.

I understand and agree that Wilton Youth Council:

- is the sole owner of all unrestricted rights to the images of me taken in conjunction with any event sponsored by any of WYC and shall have unrestricted global usage rights,
- may use all images of me taken at any event sponsored by any of WYC with or without my name and for any lawful purpose, including for example such purposes as publicity, attracting new members, illustration, advertising, or promotion on any website, social media or media coverage in any media, and
- may dispose of any images of me without notice to me.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARY WITHOUT ANY INDUCEMENT.

X _____
Participant's Signature Age Date

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER 18 AT TIME OF REGISTRATION)

This is to certify that I, as the parent/guardian with legal responsibility for this participant, have read this Participation Waiver and I do consent and agree to my minor child's release and indemnity as provided above of all Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability related to my minor child's participation in the programs or events of WYC, **EVEN IF ARISING FROM THE NEGLIGENT ACT OR FAILURE TO ACT OF THE RELEASEES**, to the fullest extent permitted by law. I expressly agree to permit my child to participate in WYC programs, related events and activities and I agree to pay for any emergency medical expenses and return transportation charges as set out above.

X _____
Parent/Guardian Signature Date

E-mail: _____ Phone: _____

Address: _____

Health Insurance Carrier: _____ Insurance Membership Number: _____

Emergency Contact/PhoneNumber(s): _____

ADDITIONAL PARTICIPANT HEALTH INFORMATION YOU WISH TO PROVIDE ON A NON CONFIDENTIAL BASIS:

