

JB FIT Club Presents

2nd Annual



# CHRISTMAS OBSTACLE COURSE

SATURDAY, DECEMBER 3, 2016 starting at 2pm

AT THE STANFORD CHRISTMAS STROLL (meet in laundry mat parking lot)

Questions/Information, Contact: Connie 566-2565, Billie Jo 350-1072 or Mindy 360-1106

Email : jbfitclub@yahoo.com Web: www.jbfitclub.org

## Obstacle Course Details

This fun event will be a short distance Christmas themed obstacle course taking place during the Stanford Christmas Stroll. The course will be about 2 blocks long involving various activities like wreath tossing and firewood loading. Each "heat" will be timed. The two fastest team times from the day will race again to determine an overall winner at 3pm. Two members per team, ages 11 and up. There is a \$10 entry fee per team. Participants can enter more than once. Prizes awarded to the overall winners.

**Team Name:** \_\_\_\_\_

**Team Member 1 Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Emergency Contact:** \_\_\_\_\_

**Team Member 2 Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Emergency Contact:** \_\_\_\_\_

**Waiver:** In Consideration of my entry in the Fruitcake Christmas Obstacle Course on December 3, 2016, I understand this is strenuous exercise. By my signature, I certify that I am medically able to perform this event and am in good health. I agree to abide by the decision of any event organizer relative to any aspect of my participation in this event, including the right of any organizer to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the event and agree to abide by them. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the JB FIT Club, Judith Basin County, all event sponsors, their representatives and successors, any volunteers, and any persons organizing this event from all claims or liabilities of any kind whatsoever (including personal injuries to me or my wrongful death) arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

Participant 1 Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature (if under 18) \_\_\_\_\_ Date: \_\_\_\_\_

Participant 2 Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature (if under 18) \_\_\_\_\_ Date: \_\_\_\_\_

Make checks payable to JB FIT Club and mail to P.O. Box 454, Stanford, MT 59479 or bring with to Stroll. We are a non-profit organization.

