

New Mexico State University Alamogordo
Health & Wellness Fair

Obstacle Race

February 16, 2019



**NMSU Alamogordo Fitness Trail
(North Side of Tays Center)**

Free & Open to Public

**Entry due February 16, 2019
Registration deadline is at 1:00 pm**

Fill out application/medical release sent to
Dr. Ernestine Baca at NMSU-A
2400 North Scenic
Alamogordo, New Mexico 88310
(575) 439-3857 Work
(575) 439-3802 Fax

NMSU Alamogordo Obstacle Race Rules

Participant is responsible for the following items:

1. Turn in **medical attention release form** at the registration table in the Tays lobby.
2. Turn in **photo release form** at the registration table in the Tays lobby.
3. Athlete will **check in** at the registration table at the NMSU-A fitness trail (located on the north side of Tays Center) before obstacle race begins.
4. Come prepare for all types of weather.
5. Bring extra water bottles.

Event Detail

Run, Jump, Climb, and Pull! This experience is designed for everyone. No matter what your age, you're sure to have a good time. The event will feature a one to three-mile obstacle fun run designed especially for everyone. You can run, walk or skip the course. It doesn't matter as long as you're moving! We will run two waves: One group for competition and one group for fun.



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Register for NMSU-A Obstacle Sprint Challenge Race

Complete Information:

Circle one Entrée: **Fun Flight/Beginner Level** **Competition Flight/Advance Level**

How many times a week do you work out? **Circle one.**

Never A few Days a Week Everyday Constantly

Participant Name: _____

Participant Address: _____

Participant Phone: _____

Email Address: _____

Affiliated Organization: _____

Athlete's Signature Home Telephone Date

Parent's/Guardian's Signature Home Telephone Date

If the subject named above is under the age of 18, a parent or other legal guardian must sign this release.



NMSU Alamogordo
Medical Attention Release

Each individual participating should recognize that the nature of sports participation is one that carries risk of injury and/or physical harm, including death. The NMSU-A University does not accept responsibility for injuries resulting from activity participation. Individual participants must accept responsibility for their own injuries. Please fill out the following information to help assist the NMSU-Alamogordo Staff in case of emergency and return to Dr. Ernestine Baca, Event Coordinator, at NMSU-A., phone 439-3857.

Participant Name: _____

In case of an emergency, please contact the following personnel:

Emergency Contact Name: _____

Emergency Contact Address: _____

Emergency Contact Phone: _____

Name of Participant Physician: _____

Name of Participant Hospital: _____

Name of Insurance Company: _____

Insurance Policy Number: _____

- I, the student-athlete hereby consent to participate in athletics at New Mexico State University at Alamogordo and hereby authorizes the staff of the volleyball program to act for me according to their best judgment in any emergency requiring medical attention.
I, the student-athlete hereby waive and release the staff at New Mexico State University at Alamogordo from any and all liability or any injuries while participating in the program.
I, the student-athlete will not hold New Mexico State University at Alamogordo responsible or liable for the cost of any medical or ambulance services.
I, the student-athlete have completely read and fully understand and voluntarily accept all of the above terms and conditions.

Athlete's Signature Home Telephone Date

Parent's/Guardian's Signature Home Telephone Date

If the subject named above is under the age of 18, a parent or other legal guardian must sign this release.



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Media Waiver

Participant's Name: _____

Phone: _____

To Whom It May Concern:

I hereby grant to the Board of Regents of New Mexico State University, its employees, agents and assignees, the right to use photographs, video and/or digital recording of myself or my daughter/son for educational purposes.

My signature below attests to the fact that I am aware and have given media permission for educational usage.

Participant's Signature

Parent' Signature

Date: _____