



**IMCOM-EUROPE TEN MILER (Qualifier Race)
 UNITED STATES ARMY GARRISON BAVARIA
 REGISTRATION FORM**

PLEASE PRINT ALL INFORMATION

_____/_____/_____
 Name (Last) (First) (MI) Rank/Grade

Unit _____ Garrison _____

 CMR BOX APO

 Duty Phone Email address

AGE CATEGORIES (ACTIVE DUTY ONLY)

GENDER _____ DOB: _____ TARGET TIME: _____

MILITARY _____ ACTIVE DUTY RESERVE _____ T-SHIRT _____

AGE CATEGORY _____

I the undersigned hereby waive and release any and all rights for claims, and damages against, IMCOM-Europe, the US Army Garrison Bavaria, Family and MWR and any other agency associated with the conduct of this event which includes preparation and execution. This waiver includes releasing the above-mentioned agencies, organizations and activities for any injury I might suffer while participating in this event. I hereby authorize emergency medical treatment if needed. I affirm that the given name and age is correct and I will not transfer my start number to another runner. I also grant permission to IMCOM Europe Family and MWR Programs to use my photo to promote Army-operated Family and MWR Programs. Participants agree that IMCOM Europe Family and MWR Programs may use these photographs in both civilian and military publications, or use in promotional and educational materials as follows: printed brochures, flyers, posters, electronic publications, presentations, or websites. Participants hereby waive the right to sue and/or lodge a complaint in any forum over the use of my photo. Participants also waive the right to receive any compensation for the use of the photographs. All negatives, positives, prints, digital reproductions and videotape shall be the property of IMCOM Europe Family and MWR Programs

I agree to the above terms

PRINT NAME: _____

DATE: _____

SIGNATURE: _____