

**ROCHESTER ARTS COUNCIL
MUSICAL STROLLATHON WALKER REGISTRATION FORM**

Name _____
Address _____
City _____ State _____ Zip Code _____
Email _____ Phone _____

List the arts or cultural charity to receive 80% of the funds you raise: The City of Rochester Music Dept./Riverside Concerts

**STROLLATHON ACCEPTANCE OF RISKS
AND
VOLUNTARY RELEASE AGREEMENT**

By signing this Agreement, I indicate my desire to participate in the Musical Strollathon one mile walk. I understand and accept the fact that the activity I am about to voluntarily engage in has certain known risks which could include injury, death, illness or disease, or physical or mental damage. I am voluntarily participating in this event with full knowledge of the dangers involved. I agree to accept all risks of injury, death or damage to property. I certify that I am medically able to participate in this event. I consent to receive medical treatment deemed advisable in the event of injury, accident or illness during this event. I understand that I may be photographed during this event. I agree to allow my photo or likeness to be used for any legitimate purpose by the event sponsor or organizer.

In consideration of this opportunity to participate in this event, I hereby release, forever discharge and hold harmless the City of Rochester, the ARTigras Musical Strollathon Committee, the Rochester Arts Council, Rochester Downtown Alliance, the Rochester Convention & Visitors Bureau, RNeighbors, Yaggy Colby Architects, their officers, agents and employees, from any and all liability, demands, causes of action or claims resulting from my participation in this event. I further agree to indemnify the City of Rochester, ARTigras Musical Strollathon Committee, the Rochester Arts Council, Rochester Downtown Alliance, Rochester Convention & Visitors Bureau, RNeighbors, Yaggy Colby Architects, their officers, agents and employee from all defense costs, including attorney's fees, or from any other costs incurred in connection with claims for bodily injury or property damage which I may negligently or intentionally cause to spectators or other third parties in the course of my participation in this event.

I understand and acknowledge that, by signing this Agreement, I have read this entire Agreement, I understand it completely and I agree to be bound by its terms.

Signature of participant: _____ Date _____

Signature of participant's parent/guardian: _____ Date _____

Checks are payable to RAC Musical Strollathon. Send this registration form and your registration fee to the Rochester Arts Council Office, 30 Civic Center Drive SE Suite 200, Rochester, MN 55904. (Located on 2nd floor of the Mayo Civic Center in the Rochester Convention & Visitors Bureau Office)