



**2017 Vail Holiday Sweater Run : Get your best sweater out:  
Prizes for Best Sweater, Best Team, Best Mustache and more!**

**TO REGISTER**

Visit [vailholidays.com](http://vailholidays.com) or

You can fill out this form and email to [info@reneventproductions.com](mailto:info@reneventproductions.com)

**8 am Saturday December 16th**

Kids:	\$10/Pre Reg   \$15 day of
Adults	\$20/ Pre-Reg   \$25 day of
Family of 4	\$50/Pre-Reg   \$60 day of
4 Adult Team non family	\$70 /Pre -Reg   \$ 90 day of

**All Participants receive a gift.**



**REGISTERING FOR:**

- Individual Adult
- Individual Child (14 & Under)
- Family
- Adult Team

**REGISTRATION FOR VAIL HOLIDAY SWEATER RUN**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Any Physical conditions or allergies the event staff should know about?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Phone \_\_\_\_\_ Email \_\_\_\_\_ Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you registering as a family/team? \_\_\_\_\_ TEAM NAME: \_\_\_\_\_ Family \_\_\_\_\_ Adult team

Name (PRINT)	AGE	Male _____ Female _____	SIGNATURE OF PARTICIPANT/GUARDIAN	DATE
Name (PRINT)	AGE	Male _____ Female _____	SIGNATURE OF PARTICIPANT/GUARDIAN	DATE
Name (PRINT)	AGE	Male _____ Female _____	SIGNATURE OF PARTICIPANT/GUARDIAN	DATE
Name (PRINT)	AGE	Male _____ Female _____	SIGNATURE OF PARTICIPANT/GUARDIAN	DATE

Payment: Amount Received \$ \_\_\_\_\_ Cash \_\_\_\_\_ Ck \_\_\_\_\_ CC \_\_\_\_\_

Cardholder \_\_\_\_\_ Exp: \_\_\_\_\_ CSV \_\_\_\_\_ Zip \_\_\_\_\_

**Release of Liability**

In consideration of being permitted to take part in the activity set forth herein, I expressly agree as follows: I hereby acknowledge the activity set forth herein contains dangers and risks and may result in injury to the participant. I hereby assume all risks of personal injury or death and property damage from any cause whatsoever arising while my child or I are participating in such activity. I or my child am in good health and physically able to participate in said activity. I agree to waive and release the Town of Vail, Ren Event Productions and the Vail Recreation District and their officers, employees, agents, servants and all representatives and sponsors from any injury I or my child may sustain or any damage that may be caused to me or child's property in connection with said activities. Including injuries sustained or property damage caused by the use of equipment I may rent from the town of Vail and or the Vail recreation District. I also authorize and consent to any emergency x-ray examination, medical diagnosis or treatment and hospital care to be rendered to me or my child under the general or special supervision and on the advice of any physician licensed to practice in the State of Colorado. Participants may be photographed and such photographs may be used to publicize programs and events.

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