



ATV/UTV RALLY
October 10-12, 2019
MercerPumpkinRunRally.com
POKER RUN
REGISTRATION & WAIVER

Join the Fun ~ 17th Annual Pumpkin Run ~ Poker Run ~ throughout Iron County
Only \$20 for 1 Sheet or \$30 for 2 Sheets!

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Cell Phone: _____

Emergency Contact Name: _____ Phone: _____

I will pick up my registration packet at: _____ Mercer _____ Hurley

Mercer Area Chamber of Commerce
5150 N Hwy 51, Mercer, WI 54547
Thursday, 8am-4pm
Friday, 8am-4pm *
Saturday, 9am-1pm

Hurley Chamber of Commerce
316 W Silver Street, Hurley, WI 54534
Thursday, 8am-4pm
Friday, 8am-4pm
No Saturday Hours

Please return completed registration and signed waiver with payment to:

Mercer Area Chamber of Commerce, 5150 N Hwy 51, Mercer, WI 54547

For Additional Information

MercerPumpkinRunRally.com | info@mercerc.com | 715.476.2389



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WAIVER

In consideration of the opportunity to participate in a "Ride", "Poker Run", ATV/UTV/Law Tractor Pull", "Parade", or "Activity" conducted by the Mercer Area Chamber of Commerce Inc., Liberty Way Tap House, and the Mercer Dusty Loons ATV Club Inc. their agents, owners, officers, volunteers, participants, employees and all other persons or entities acting in capacity on their behalf (hereinafter collectively referred to as Mercer Area Chamber of Commerce, Inc. I hereby agree to release and discharge Mercer Area Chamber of Commerce Inc, on behalf of myself my children, my parents, my heirs assign, personal representative and estate as follow: I acknowledge that certain known and unanticipated risks which could result in physical or emotional injury, paralysis, death or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include among other things, Collision with other riders or objects along the trails, walls or other fixed objects: falling down; my own equipment failure or the failure of other's negligence: objects or conditions on the surface that my cause me to fall: broken bones, sprains, head, neck and back injuries: abrasions' and bruises. Furthermore, employees and volunteers have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They may give inadequate warnings or instructions and the equipment being used might malfunction. I expressly agree and promise to accept and assume all the risks existing in this activity. My participation in this activity is purely voluntary and I elect to participate in spite of the risks.

I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless the Mercer Area Chamber of Commerce Inc. from any and all claims, demands, or causes of action which are in anyway connected with my participation in this activity or my use of the Mercer Area Chamber of Commerce's equipment or facility, including such claims which allege negligent acts or omissions of. Should the Mercer Area Chamber of Commerce Inc. anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating. Or else, I agree to bear the costs of such injury or damage. I further certify that I have no medical or physical conditions which could conditions which could interfere with my safety in this activity. Or else, I am willing to assume and bear the costs of all risks that may be created, directly, by any such condition. In the event that I file a lawsuit against the Mercer Area Chamber of Commerce Inc. I agree to do so solely in the state of Wisconsin. I further agree that the substantive law of that state shall apply in this action without

Participant's Signature _____

Date _____

Participant's Name
(Please print legibly.) _____

IF UNDER THE AGE OF 18, A PARENT'S OR GUARDIAN'S SIGNATURE IS REQUIRED

Name of Minor (print minor's name): _____ Date: _____

Being permitted by (print parent/guardian name): _____

Signature of Parent/Guardian: _____

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