## NEW MEXICO STATE POLICE 1st ANNUAL OFFICER JUSTIN HARE ANNIVERSARY 5K RUN/WALK Saturday, March 15, 2025

## Registration begins at 8:00 am (Damon Kvols Park)

Officer Hare Anniversary 5K Run/Walk will take place March 15, 2025 beginning and ending at Damon Kvols Park. Registration will be from 8:00am to 9:45 a.m. at Kvols Park. The 5K Run/Walk will begin at 10:00 am **sharp** with participants following the marked, looped course beginning and ending at Kvols Park. **NO ONE WILL BE ALLOWED TO JOIN THE COURSE AFTER 10AM**! There will be a comfort station on the course and at the finish.

1st, 2nd & 3rd Finisher t-shirts will be awarded at no charge to participants who complete the 5K Run/Walk. The t-shirts will be available for pick-up at the Tucumcari State Police Office (3024 South 2<sup>nd</sup> St) approximately 3 weeks after the event. Once you complete the course, turn in your wristband at the finish line so Lieutenant Hernandez can place the order for you.

This is not a competitive run/walk; so, bring out the whole family to join us to Honor our fallen brother Officer Hare! Participants will run, walk, or roll. To expedite the registration process, pick up a registration form at the State Police Office or call 575-781-1105 to request form by email. Fill it out and bring it to registration.

All participants under 18 yrs. must have a parent/guardian signature to participate.

An adult must accompany all children under 12 yrs. throughout the event.

Adult Participant Nam	e: irt Size: S M L XL XXL XXXL or no shirt) please circle	Wristband #
(Adult 1-Sn	IFT SIZE: S IVI L XL XXL XXXL OF NO SNIFT) please circle	
Adult Participant Nam (Adult T-sh	e: irt Size: S M L XL XXL XXXL or no shirt) please circle	Wristband #
Adult Participant Cell	Phone:	
Family Zip Code		Wristband #
Child/Minor Name(s):	(1)(Child T-shirt Size: S M L; Adult Size: S M L XL or XXL or no shirt) please circle	
	(2)(Child T-shirt Size: S M L; Adult Size: S M L XL or XXL or no shirt) please circle	Wristband #
	(3) (Child T-shirt Size: S M L; Adult Size: S M L XL or XXL or no shirt) please circle	Wristband #
Emergency Contact	Name:	

## OFFICER JUSTIN HARE ANNIVERSARY 5K RUN/WALK WAIVER OF LIABILITY

In consideration of being allowed by the New Mexico State police to participate in the 1<sup>st</sup> annual Officer Justin Hare Anniversary Run/Walk, I hereby agree that:

- I agree to accept and abide by the rules and regulations of the Sponsors as established by the Sponsors and to obey the directions of the Sponsor's representatives.
- I assume all responsibility for any injuries that I may sustain in the pursuit of the above-described Event. I understand and acknowledge that the above-described Event may involve potentially dangerous situations.
- I do hereby waive, release, and forever discharge the Sponsors and the City of Tucumcari, its
  co-sponsors, officers, employees, agents, and servants from any and all liability arising out of or
  in connection with the above-described Event.
- For purposes of this agreement, liability means all claims, demands, losses, causes of action, suits, or judgments of any and every kind that I, my heirs, executors, administrators, or assignees may have against the Sponsors because of any death, personal injury, or illness, or because of any loss or damages to property that occurs during the above-described Event.
- In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be my responsibility.
- I understand that video production and/or photography may be conducted during the Event. I grant full and irrevocable consent to the Sponsors and those acting under its permission or upon its authority, the unqualified right and permission to reproduce, copyright, publish or otherwise use my or my children's/family's photographic likenesses.

## This document contains a waiver of liability. Please read it carefully before signing.

I acknowledge that I have received, read, understood and agreed to the above and I voluntarily sign this Waiver of Liability on behalf of me and the children/minors I am supervising.

Adult Participant/Parent/Guardian Print Name		
Adult Participant/Parent/Guardian Signed Name	Date	