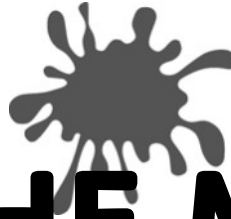




FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



German American  
Banking | Insurance | Investments

# FUN IN THE MUD!

Join us September 8 for our **FREE Mud Run** along with sponsor, German American Bank! Kids will have fun navigating through the mud and the muck in our muddy course. The event is **FREE** to participants and after they have worked up an appetite, join us for hot dogs and snacks too!

Please return registration forms to the Y or  
email to [bdavis@vincennesymca.org](mailto:bdavis@vincennesymca.org)

**Saturday, September 8 - Ages 3-15**  
**10 a.m. at YMCA Camp Green (across the street)**

**FREE!**

**\*First 100 to Register by September 1st  
get a FREE Mud Run T-Shirt!**

Shirt Size: (Circle one)    **YS**    **YM**    **YL**    **AS**    **AM**    **AL**

Participant Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Waiver**, In consideration of my participation in the activities of the YMCA OF VINCENNES, I do hereby agree to hold free from any and all liability the YMCA OF VINCENNES, Board Members, representing officers, employees, volunteers and members and do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages or injuries which I or my child may have or which may hereafter accrue to me or my child arising out of or connected with me or my child participating in any of the activities of the YMCA OF VINCENNES. I hereby do declare my child to be physically sound to participate in the activities at the YMCA OF VINCENNES. Pictures taken during activities at the YMCA OF VINCENNES may be used for marketing purposes. I understand this specific release may be revoked at any time by written request. To the best of my knowledge, the information on this form is complete and accurate. I have read and agree to these terms and conditions.

**PLEASE NOTE: THE YMCA DOES NOT FURNISH ACCIDENT/ILLNESS MEDICAL INSURANCE. MEDICAL BILLS, INCLUDING PRESCRIPTION DRUGS, WILL BE THE RESPONSIBILITY OF THE PARENTS.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name (Printed): \_\_\_\_\_

