



Format:

On Sunday, April 22, 2018 The Muddy Chuck Challenge will take place on the WCSU Westside campus, 43 Lake Ave. Extension in Danbury. Check-in will be in the lobby of The Westside Athletic Complex (stadium building) beginning at 7:30 a.m. Event day registration is available from 7:30 a.m, but please be advised that you will be put into an available heat, which may not be until later that morning. The first heat will start at 9 a.m. with additional heats every 15 minutes. *This event will not be timed and will be held rain or shine. WCSU reserves the right to close and/or cancel the event at its discretion.*

Muddy Chuck route & challenges:

The event will begin and end on the turf field of the Westside Athletic Complex (stadium building). It will include 20+ physical challenges over approximately two miles. Water stations will be available along the course. Detailed information about the challenges can be found online at facebook.com/MuddyChuckChallenge.

Registration details:

WCSU Students.....	\$10
WCSU Students (no shirt).....	free
All Students (shirt included).....	\$20
General — Before 3/30.....	\$30
3/30 — 4/19.....	\$35
After 4/19.....	\$45
Team (6 or more).....	\$5 discount

Commemorative headband guaranteed to the first 350 pre-registered participants.

Event hosts:

WestConnREC, Rec Council, SGA

Proceeds will benefit WCSU Recreation programming and future growth of this fantastic event!



"Getting dirty since 2012"

- All participants must be 12 years of age or older
- Participants between the ages of 12 and 17 must have written parental consent
- Participants between the ages of 12 and 15 must be accompanied by an adult throughout the course

Registration form:

Make checks payable to WCSU.

Mail form & check to: Muddy Chuck Challenge, attn: Amy Shanks, BH — 136, 181 White Street, Danbury, CT 06810

shanksa@wcsu.edu
(203) 837-8609

<input type="text"/>										<input type="text"/>									
First Name										Last Name									
<input type="text"/>																			
Street Address																			
<input type="text"/>										<input type="text"/>					<input type="text"/>				
City										State					ZIP Code				
<input type="text"/>																			
Email Address																			
<input type="text"/>					<input type="text"/>					<input type="text"/>					<input type="text"/>				
Daytime Phone					Date of Birth					Age									
Your affiliation to WCSU: <input type="checkbox"/> WCSU Student <input type="checkbox"/> WCSU Alumni <input type="checkbox"/> WCSU Employee <input type="checkbox"/> No affiliation																			
Participating with a team? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your team name? _____																			
Shirt Size (unisex) XS S M L XL XXL																			

PREFERRED HEAT TIME:

Please number in order of preference. We will do our best to accommodate your requests. Confirmations will be sent via email by April 21.

- | | |
|--------------------------|---------------|
| <input type="checkbox"/> | 9 – 10 a.m. |
| <input type="checkbox"/> | 10 – 11 a.m. |
| <input type="checkbox"/> | 11 – noon |
| <input type="checkbox"/> | noon – 1 p.m. |
| <input type="checkbox"/> | 1 – 2 p.m. |

This form must be completed, the waiver must be signed (see reverse) and your mailing must be postmarked by April 13, 2018.



STATEMENT OF DUE WARNING AND ASSUMPTION OF RISK FORM

I am aware of the inherent and/or latent danger (including but not limited to: risk of serious injury, the hazards of travel, accident or illness, or acts of God) of participating in such an activity.

I am aware that I should (if appropriate) have a medical exam prior to participating in this activity to ensure that I am in good physical health. I am aware that I should see that I am properly covered by adequate accident and/or medical insurance. If I am not, I agree to obtain sufficient liability/accident/health/travel insurance, at my own expense, to insure me against any loss occasioned by this activity.

I am also aware and have been advised that the University and/or its personnel will provide minimal or no supervision during this activity.

Knowing this, I assume all risks that may arise from or in connection with this activity. In addition, I do hereby agree and warrant to release and hold harmless the State of Connecticut, Board of Regents of the Connecticut State University and/or Western Connecticut State University, its agents and employees, from any and all liability, claims, demands, actions and causes of action whatsoever, arising out of or related to any loss, damage or injury resulting from my voluntary participation in this activity.

I, the undersigned, have read the above statement and understand the risks associated with this event.

Signature of participant

Date

Signature of parent/guardian (required for participants under 18 years old)

Date