



Chancellor's 5k Run/Walk

Knowles Recreation Building
September 29, 2012

Race Starts at 8am
Registration opens at 7:15am

Awards will be given around 9am



REGISTRATION

Name/Names: _____

Address: _____ City/Zip: _____

Age: _____ Email Address _____
(If under 18 parents must sign below.)

Home Phone Number: _____ Emergency Phone #: _____

ENTRY FEE: \$15, Includes a shirt for the first 100 participants.

Race Agreement/Notice of Insurance/Hold Harmless: I am hereby registering to participate in the UW-River Falls (UWRF) 5k Race. I understand the race procedures for entry fees, procedures, and refunds. **Photo Clause:** I understand UWRF may take photographs of event participants and activities. I agree that UWRF shall be the owner of and may use such photographs relating to the promotion of future events. I relinquish all rights that I only claim in relation to the use of said photographs. **Insurance Info:** All UWRF event participants are required to be covered by personal medical insurance. In case of illness or injury, I grant permission to be treated at an appropriate medical facility. By signing below, I am giving my consent in advance for medical treatment. (If your son, daughter or ward will be under the age of 18 years while at our event, it is our policy to secure your consent for their medical treatment by signing below.) **Hold Harmless:** Furthermore, as a participant in the event, I hereby state that I am aware of and accept the risk inherent in the program activity. I hereby agree to hold harmless and indemnify the State of Wisconsin, the Board of Regents of the University of Wisconsin System, and UW-River Falls, their officers, agents and employees, from any and all liability, loss, damage, costs or expenses which are sustained, incurred, or required arising out of my actions and participation in this event. (If your son, daughter or ward will be under the age of 18 years while at our event, it is our policy to secure your acceptance of risk and hold harmless and indemnification by signing below.)

Participants Name _____ Participant's Signature _____

Parent/Guardian (signature) _____

Under 18 be sure to have parent/guardian sign or you will not be able to participate!

Insured By _____ Policy Number _____

Fax to: (715) 425-3257 or Email and then bring entry fee with to site of race

Mail: Track Coach, 410 S. 3rd St. Hagestad Hall 123 River Falls, WI 54022