

GRAND VALLEY STATE UNIVERSITY®  
**RECREATION&WELLNESS**

## 5K Run/Walk Registration 2020

This form must be completed by all participants.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

### WAIVER & RELEASE OF LIABILITY

I hereby declare, assert, and affirm that my participation in the Grand Valley State University Campus Recreation Family Weekend 5K is done having voluntarily and knowingly assumed all risks involved in this event. The immediate physical risk(s) associated are those correlated with normal, vigorous physical activity. These risks include, but are not limited to, bodily discomfort and fatigue, muscular soreness, pulled or strained muscles, overuse injuries/soft tissue damage, bodily injury resulting from falls, and the rare instance of abnormal changes/responses of the cardiopulmonary system to exercise. Adverse responses include abnormal blood pressure, heart arrhythmias, and the very rare instance of heart attack, stroke, or sudden death.

In consideration of acceptance of this contract allowing my participation in the above stated Special Event and intending to be legally bound thereby, I hereby for myself, my heirs, executors, administrators, and assigns, WAIVE AND RELEASE any and all rights and claims for negligence, injuries, damages, or losses that I may incur involved in the above stated Campus Recreation event, specifically Grand Valley State University, its respective employees, agents, representatives, successors, and assigns for any and all activities connected with the above Special Event. If I am a Grand Valley employee (faculty or staff member), I also understand that I do hereby WAIVE any and all rights or benefits under the State of Michigan Worker's Compensation laws for any injury incurred as a result of my participation in this event.

Recreation & Wellness events may be photographed or video recorded, and your attendance constitutes the consent to use the photographs and videos at our discretion.

\_\_\_\_\_

Participant Name (please print)

\_\_\_\_\_

Participant Signature

\_\_\_\_\_

Date

### IF UNDER 18 YEARS OF AGE:

I am the parent/legal guardian of \_\_\_\_\_, and I grant permission for \_\_\_\_\_ to participate in this activity. I have reviewed the GVSU risks associated with this event and rules for participation with the minor participant. I certify that I am legally competent to grant permission as adult and warrant my authority as the parent/legal guardian.

\_\_\_\_\_

Legal Parent/Guardian (please print)

\_\_\_\_\_

Legal Parent/Guardian Signature

\_\_\_\_\_

Date

For Office Use Only: Bib #: \_\_\_\_\_