



## RACE REGISTRATION AND DONATION FORM

Please complete both sides of the application and print clearly. All participants must register. Photocopies are accepted. Return completed form to the **Medgar Evers College Educational Foundation, Attn: 5K Run/Walk, 1150 Carroll Street - Suite 400, Brooklyn, NY 11225.**

- I plan to attend the Medgar Evers College 5K Run/Walk.
- I would like to sponsor a participant.
- I am unable to attend but would like to support student scholarships.

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_  
 BIRTHDATE: (MM/DD/YY): \_\_\_\_\_ MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_  
 CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 EMERGENCY CONTACT NAME: \_\_\_\_\_ EMERGENCY CONTACT PHONE: \_\_\_\_\_

### ENTRY FEES & DEADLINES

	3/12	3/13-4/20	4/21-5/4
CURRENT STUDENT	\$20	\$25	\$30
SINGLE PARTICIPANT	\$35	\$40	\$45
TEAM OF TWO*	\$60	\$65	\$70

*No refunds.*

### T-SHIRT SIZES: CIRCLE ONE

ADULT T-SHIRT	XS	S	M	L	XL	2XL
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\* Shirt availability not guaranteed after May 4, 2018

\*Name of guest: \_\_\_\_\_

PROMOTION CODE: \_\_\_\_\_

**TOTAL PAYMENT/DONATION:**

Payment Methods (Registration will not be processed without payment)

<b>PAYMENT INFORMATION</b>		
<input type="checkbox"/> Check Enclosed (payable to Medgar Evers College Educational Foundation)		
<input type="checkbox"/> American Express	<input type="checkbox"/> Discover	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa
Name (As It Appears on Card) _____		
Account Number _____	Expiration Date _____	Security Code _____
Billing Address _____		
Signature _____		

### ADDITIONAL INFORMATION

Run/Walk registration includes a t-shirt, bib, refreshments and entertainment.

### FINAL STEP (participants only)

Read the back page of your application and sign the Medgar Evers College (CUNY) Disclaimer.

Release from Responsibility, Assumption of Risk, Waiver, Discharge, and Covenant Not to Sue ("Release")

**READ THIS DOCUMENT COMPLETELY BEFORE SIGNING. IT RELEASES THE CITY UNIVERSITY OF NEW YORK ("CUNY"), ITS BOARD OF TRUSTEES ("THE BOARD"), AND MEDGAR EVERS COLLEGE ("COLLEGE") FROM ANY LIABILITY RESULTING FROM YOUR PARTICIPATION IN OR PRESENCE AT THE ACTIVITIES DESCRIBED BELOW, AND WAIVES ALL CLAIMS FOR DAMAGES OR LOSSES AGAINST CUNY, THE BOARD, AND THE COLLEGE THAT MAY ARISE FROM SUCH ACTIVITIES.**

I \_\_\_\_\_ (Name) \_\_\_\_\_, ("Participant") desire to participate in \_\_\_\_\_ (Describe Activity) \_\_\_\_\_ at \_\_\_\_\_ (Describe Location) \_\_\_\_\_, from \_\_\_\_\_ (Start Date) \_\_\_\_\_ to \_\_\_\_\_ (End Date) \_\_\_\_\_ ("Activity").

I, the undersigned Participant, exercising my own free choice to participate in the above-described Activity, and promising to take due care during my participation, hereby release and discharge, indemnify, and hold harmless CUNY, the Board, the College, and their members, officers, principals, students, agents, and employees, and any other persons or entities acting on their behalf, and the successors, heirs, and assigns for any and all of these persons and entities ("Releasees"), against any and all claims, suits, demands, and causes of action whatsoever, whether presently known or unknown, either in law or in equity, relating to injury, disability, death, damage, or other harm, to person or property or both, arising from my participating in or being present at the above listed activities.

I acknowledge that I have been informed of the nature of the Activity and that I am aware of the dangers, hazards, and risks that may be associated with my participating in the Activity, examples of which dangers, hazards, and risks are injuries or conditions including, without limitation, damage to bone, muscle, nerve, and/or soft tissue, lacerations, abrasions, contusions, concussion, aggravation of pre-existing conditions, heart complications, heart attack, and disease, as well as other injuries or conditions, including serious injury or impairment, or loss of life, or damage to or destruction of property, any of which may occur from known or unknown causes. I understand, accept, and assume all such dangers, hazards, and risks, and waive all claims against the Releasees. I appreciate the risks taken and voluntarily assume all risk of harm. I understand that none of CUNY, the Board, or the College requires me to participate in the Activity. I wish to participate despite any dangers, hazards, and risks, and despite this Release. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage sustained through my participating in or being present at usual or unusual acts associated with the Activity.

I therefore agree to assume and take on myself all of the risks and responsibilities associated with participating in the Activity. I have had sufficient time to review and seek explanation of the provisions of this Release, have carefully read them, understand them fully, and agree to be bound by them. I hereby release the Releasees from any and all suits, liability, claims, demands, judgments, and causes of action that may arise from injury or harm to me, up to and including death, or from damage to or destruction of my property, in connection with my participating in or being present at the Activity. I understand that this Release covers suits, liability, claims, demands, judgments, and causes of action arising entirely or in part from any acts or failures to act of the Releasees, including but not limited to negligence, recklessness, mistake, or failure to supervise. After careful deliberation, I voluntarily give my consent and agree to this Release. I recognize that this Release means that I am giving up, among other things, any right to sue the Releasees for any injuries, damages, or losses I may incur. I also understand that this Release binds my heirs, executors, administrators, agents, and assigns, as well as myself.

I agree to defend, indemnify, and hold harmless the Releasees from and against any claim, damage, liability, injury, expense, or loss, including but not limited to, reasonable attorneys fees, arising from any suit, claim, demand, judgment, or cause of action arising out of my participating in or being present at the Activity. I assure CUNY and the College that, to the best of my knowledge, information, and belief, I am physically able to participate in the Activity without any undue or unusual risk to myself or to others.

Finally, I understand and agree that CUNY or the College may need to respond to accidents or emergency situations that may occur while I participate in or am present at the Activity. Therefore, I give my consent to the administration of any and all medical treatment to me resulting from my participation in or presence at the Activity that CUNY or the College may deem necessary, with the understanding that the costs of any such treatment are my responsibility.

I am at least 18 years of age. I have read this entire Release, I fully understand its legal consequences, and I agree to be legally bound by it. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms. No other representations concerning the legal effect of this document have been made by me.

**Read, understood, and agreed to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.**

Signature of Participant whose printed name appears above:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness over 18 years of age (Participant must sign in the presence of the Witness)

***If Participant is less than 18 years of age:***

I am the parent or legal guardian of Participant. I consent to Participant's participation in the Activity. I have read this entire Release, I fully understand its legal consequences, including, without limitation (a) releasing the Releasees from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in the Activity, and agree to be legally bound by it. No other representations concerning the legal effect of this document have been made by me.

\_\_\_\_\_  
Signature of Minor Participant's Parent/Guardian

\_\_\_\_\_  
Witness over 18 years of age (Parent/Guardian must sign in the presence of the Witness)

\_\_\_\_\_  
Name of Minor Participant's Parent/Guardian (*print*)