



First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date of Birth: ____/____/____ Age on Race Day: _____ Sex: M / F

T-Shirt Size: Please check options: **LADIES** or **MENS** **S** **M** **L** **XL** **XXL**

Entry Fee (Please check box):

- Prior to September 10:** \$25 []
- September 9 through September 24:** \$30 []
- September 25 through Race Day (Sept. 28):** \$35 []

- UW-Superior Students:** \$20 []
- Military Veterans:** \$20 []
- PK-12 Students:** \$20 []

Checks payable to: Douglas County Treasurer
 Please remit this form in person or by mail along with payment to the Douglas County Treasurer at:

1313 Belknap Street, Rm 102
 Superior, WI 54880

*Only Check will be accepted by mail, do not mail cash. Cash or check will be accepted in person. Credit Card
 Payments can only be made through the link provided at www.uwsuper.edu/Heroes5K*

To ensure delivery on time we recommend all mailed entries to be postmarked no later than September 2, 2019 to ensure a race shirt, and no later than September 13, 2019 to ensure race entry without guaranteed shirt. We will not be responsible for any entries not received before race day.

Please fill out the attached Liability and Assumption of Risk Waiver below!

Waiver: I am entering this race at my own risk and assume all risk and responsibility for any and all injuries I may incur as a direct or indirect result of my participating in this event. I, for myself, heirs, and executors, also agree not to hold any and all participating sponsors and supporters and the directors, employees, and agents of such parties responsible for any claims. I verify that I have full knowledge of the risks involved in this event.

Signature: _____ Date: _____

Signature of Parent/Guardian if under 18: _____

For more information, please visit: www.uwsuper.edu/Heroes5K

LIABILITY WAIVER & ASSUMPTION OF RISK

I, _____ (print name), desire to participate in activities, programs, classes, events, field trips and/or tests conducted, directed, supervised or sponsored by the Board of Regents of the University of Wisconsin System, operating as the University of Wisconsin–Superior Veteran and Non-Traditional Student Center (VNSC) (hereinafter referred to as UWS), located at Old Main, Room 118. The UWS VNSC 5K Running for Our Heroes Color Run will primarily occur outdoors on campus and on Mortorelli Drive.

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS OR ALTER THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT Monte Stewart AT TELEPHONE NUMBER 715-394-8167 or via email at mstewar9@uwsuper.edu.

Assumption of Risks:

I understand that physical activity related to the UWS VNSC 5K Running for Our Heroes Color Run, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Some of these involve slipping, tripping and falling, insect bites, overexposure to sun, exposure to color dye/powder, and hazardous weather. Others include unusual exertions of strength, pushing, pulling, and sustained physical activity, which places stress on the cardiovascular system. The specific risks vary from one activity to another, but in each activity the risks range from: 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as fractures, internal organ injuries, musculoskeletal injuries, eye injuries, back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death. I understand that UWS has advised me to seek the advice of my physician before participating in this activity. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for me by UWS.

I KNOW, UNDERSTAND, AND APPRECIATE THE RISKS THAT ARE INHERENT IN THE ABOVE-LISTED UWS VNSC 5K Running for Our Heroes Color Run ACTIVITY. I HEREBY ASSERT THAT MY PARTICIPATION IS VOLUNTARY AND THAT I KNOWINGLY ASSUME ALL SUCH RISKS.

Participant Signature: _____ **Date:** _____
(If under 18 years of age, a parent or guardian must also sign and date in space below)

Hold Harmless, Indemnity and Release:

In consideration of UWS permission for me to voluntarily participate in the UWS VNSC 5K Running for Our Heroes Color Run, today and on all future dates, I, for myself, my heirs, personal representatives or assigns, agree to defend, hold harmless, indemnify and release UWS, and their officers, employees, agents, and volunteers, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the UWS VNSC 5K Running for Our Heroes Color Run. This release includes claims based on the negligence of UWS, and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence.

I UNDERSTAND THAT BY AGREEING TO THIS CLAUSE I AM RELEASING CLAIMS AND GIVING UP SUBSTANTIAL RIGHTS, INCLUDING MY RIGHT TO SUE.

I certify that this is me filling out this form.

Participant Signature: _____ **Date:** _____
(If under 18 years of age, a parent or guardian must also sign and date in space below)