



2015 SUPERHERO 5K RUN, WALK, or FLY!

every child needs a Superhero

Saturday, April 25, 2015, St. Johns City Park

★ 8:00 a.m. Registration begins at the Main Pavilion of the St. Johns City Park, including fun activities for everyone!

★ 8:45 a.m. Kids' Super Dash

★ 9:00 a.m. Superheroes of all ages Run, Walk, or Fly!

NAME OF ADULT(S): _____ E-MAIL: _____

MAILING ADDRESS: _____

Printed Name of Participant	Minor Child, Yes or No	T-Shirt Size Preference	Registration Fee Please see below for registration fee
TOTAL REGISTRATION FEE DUE			

REGISTRATION FEES

PRIOR TO March 31st (guarantees a t-shirt) Adults: \$20; Youth 18 and under: \$10

PRIOR TO April 25th (t-shirts based on availability): Adults: \$20; Youth 18 and under: \$10

DAY OF Event (t-shirts based on availability): Adults \$25; Youth 18 and under: \$15

RETURN REGISTRATION FORM AND FEE TO: CASA, 107 N. Clinton Avenue, Suite A, St. Johns, MI 48879

THANK YOU TO OUR EVENT SPONSORS! WE APPRECIATE YOUR SUPERHERO SUPPORT!!

To be announced



For more information, please call 517-599-7145 or e-mail clintoncountycasa@gmail.com

Consent and Release

This Consent, Release and Waiver of Liability (the "Release") is hereby executed on the date written below by the undersigned participant or volunteer (the "Participant") in favor of CASA-The Voice for Clinton County's Children and Clinton County Council for the Prevention of Child Abuse and Neglect, their affiliated divisions and entities, including in each case, without limitation, their directors, officers, employees, volunteers, and agents (collectively "CAN"). The Participant desires to engage in certain activities and/or events with CAN (the "Activities") and understands that his/her participation in these Activities may include but are not limited to walking, jogging, running, and any other events or activities reasonably anticipated to be performed by Participant as a part of or in any way associated with CAN.

MEDICAL TREATMENT. Participant hereby grants permission to CAN to render preventative or first-aid assistance or seek treatment or medical care that seems reasonably necessary, including hospitalization, for Participant's health and well-being. IMAGE RELEASE. Participant does hereby grant and convey unto the CAN all right, title, and interest in any and all photographic images and video or audio recordings made by CAN during the Participant's Activities with CAN. Participant hereby releases, discharges and agrees to save harmless ACS, its legal representatives or assigns, and all persons acting under its permission or upon its authority or for whom it is acting, from any liability by virtue of any publication of Participant's likeness, including, without limitation, claims for libel or invasion of privacy.

THE FOLLOWING MUST ALSO BE COMPLETED BY PARENT OR GUARDIAN IF PARTICIPANT IS A MINOR CHILD UNDER 18 YEARS OF AGE: In consideration of the minor child's (under 18 years of age) (Minor Participant) participation in CAN Activities the undersigned in his/her capacity as Minor Participant's parent or guardian, hereby (a) give permission for the Minor Participant, who is my child or ward, to participate voluntarily in CAN Activities and/or perform the Activities referenced in the Release, and (b) understand that this Release forever releases, waives and discharges any and all liability, claims, and demands of whatever kind or nature against CAN, I also acknowledge reading and understanding all of the terms and conditions set forth in the Release signed by my child or ward, and consent and agree to each and every term and condition contained in the Release.

FULL NAMES OF ADULT PARTICIPANT(S): _____

FIRST NAME(S) OF MINOR PARTICIPANT(S): _____

SIGNATURE of Adult Participant

Date

SIGNATURE of Adult Participant

Date