

Be a Kidney Crusader 5K Run/Walk

Full name: _____ Age: _____

Group name (if student group of 4): _____

Address (street, city, state and zip code): _____

Phone number: (____) _____ T-shirt size: S M L XL

Payment (circle): Check / Cash Checks made payable to: PA Class 2017

\$25 Individual / \$15 per person for a student group of 4

Race Waiver:

In consideration for the opportunity to participate in the above event, I hereby release all participating groups and persons, including the County of Isabella, Central Michigan University Physician Assistant Class of 2017, and other persons connected to this event, all elected and appointed officials, and employees and volunteers of the County Parks from any and all liability for any injury or damages (including medical costs) whatsoever arising from any participation in this event. I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns to: (A) Wave, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter accrue to me, including as to my travel to and from my event, the following entities or persons: County of Isabella, its elected and appointed officials, employees and volunteers, and representative and agents, and others working or acting on behalf of the Count of Isabella, and to the extent permitted by law (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of or relating to my attendance at or participation in this event.

I hereby assume all risks of participating in this event. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this event.

I hereby certify that I have read this document and understand and agree to its content. If you are under 18 years old a waiver must be signed by a parent/guardian

Signature: _____ Date: _____