



SURVIVORSTOMP 5K and 1.4 mile Walk

april 30, 2016 fred russ forest park

20379 Marcellus Highway, Decatur, MI 49045

5k RUN PARTICIPANT REGISTRATION

Show your support for survivors during Sexual Assault Awareness Month!

Stomp out abuse and hit the trails for a unique 5k run.

This event will benefit Domestic and Sexual Abuse Services, a local agency supporting survivors and their children for more than 30 years. Gather your co-workers, friends, family and neighbors and join us April 30th!

You will receive a free t-shirt with each 5k registration!

Register online at www.raceentry.com/races/survivor-stomp-5k/2016/register

or submit this registration form to DASAS, PO Box 402, Three Rivers, MI 49093 or bring the day of the event

QUESTIONS? Call Kim Kramer at 269-273-6154 x102 or email kimk@dasasmi.org

First Name: _____ Last Name: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

By checking this box I am in recognition of the risk of injury while participating in the Survivor Stomp and as consideration for the right to participate in the Event, I hereby for myself, my heirs, executors, administrators, assigns, or personal representatives knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Event, and do hereby release and forever discharge Domestic and Sexual Abuse Services and its affiliates, managers, members, agents, attorneys, employees, volunteers, heirs, representatives, predecessors, successors and assigns, business and its affiliates, predecessors, successors and assigns, the event site and its agents, attorneys, employees, volunteers, heirs, representatives, predecessors, successors and assigns and all sponsors and/or beneficiaries of the Event (collectively DASAS) from any and all liability, claims, demands, damages, actions, or causes of action now existing or which hereinafter may arise as a result of my participation whether any injury is caused by the negligence of the Hosts, the negligence of myself or third parties, the conditions of the course or any other cause. Managers, members, agents, attorneys, employees, volunteers, heirs, representatives. I recognize that various photographs, video recordings, and other media will be taken during the Event. I agree to grant the DASAS full permission to use any photographs, video recordings, or other media of the Event that contain my likeness for the purpose of promoting Domestic and Sexual Abuse Services or for any purpose deemed appropriate by the organization.

