



Saturday, November 17th 2018
\$30 Entry Fee

Name: _____ Gender: _____

Race Day Age: _____

Shirt Size: _____

Address: _____ City: _____ Zip: _____

Phone: _____ E-Mail: _____

Please mail this form and check payable to the Michigan Fitness Foundation:

Michigan Fitness Foundation
Michelle Coss
1213 Center St
Lansing, MI 48906

Waiver of Participation

ADULT AUTHORIZATION FOR EMERGENCY & ROUTINE MEDICAL TREATMENT AND RELEASE OF LIABILITY

I, _____ give my permission to City of Lansing, it's volunteers, employees, and representatives, to obtain or provide such emergency or routine medical treatment for me as they, in the exercise of their discretion, deem necessary or appropriate while I participate in any activity offered by City of Lansing. Further, in consideration of city of Lansing making this available to me, I, for myself, and anyone claiming under or through me, hereby release and discharge city of Lansing, its employees, representatives and volunteers from all liability, claims, demands, and actions, regardless of kind of character, connected with, arising out of, or in any way participation in such activity.

I attest that I am 18 years of age or more and that I do not have a legal guardian.

Signature: _____ Date: _____

ADULT CONSENT TO PHOTOGRAPH/VIDEOTAPE & DISSEMINATE WITHOUT COMPENSATION

I, _____, hereby consent to being photographed/videotaped while participating in any activity offered by City of Lansing. In addition, I consent to the reproduction and use of any such photographs and videotapes by City of Lansing for educational, public relations and promotional purposes and I waive any claim by myself, or anyone claiming under or through me, for compensation of any kind in exchange for photographs, videotapes and use.

I attest that I am 18 years of age or more and that I do not have a legal guardian.

Initial _____ Date: _____