

17th Annual Shamrock 5K Run-Walk-Roll



Presented by: Michigan State University Tower Guard

March 26th 2017 12 p.m.

Conrad Hall, Michigan State University East Lansing, MI In cooperation with:







Please Mail To: 2016 Shamrock Run-Walk-Roll 120 Bessey Hall Michigan State University East Lansing, MI 48824

Mailing Address: City: State: Zip: E-Mail: Cell Phone: Age on Race Day: Emergency Contact Name: Emergency Contact Phone: Emergency Contact Phone: Emergency Contact Phone: Emergency Contact Phone: Please identify if you will be running, walking, or using a wheelchair in the event: Run Walk T-Shirt Size: Small Medium Large X-Large XX-Large (+ \$2.00) Registration: \$20.00 postmarked by 3/19/17 \$25.00 3/19-3/26/2017 \$30.00 Race Day Enclosed is an additional donation of: \$ Checks Payable to: Tower Guard Waiver and Release: In consideration of my entry, I intend to be legally bound, for myself, my heirs, executors, and administrators, w release and forever discharge any and all rights and claims which I may hereafter accrue to against the sponsors and officials of the rac described in this entry form or their respective officers, agents, representatives, successors, and/or assigns, while traveling to and from participating in this event. Further, I hereby grant permission to any and all of the foregoing to use any photographs, video tapes, record or any other record of this event for any legitimate purpose. Also, knowingly, and at my own risk, I am participating in the Shamrock Run-Walk-Roll, I do hereby waive release any and all claims against the student group Tower Guard, Michigan State University, all e sponsors and any employees, volunteers, or officials of these organizations from any claim of injury (including death), property loss of damages connected to or arising out of any of the aforesaid risks that I may incur as a result of my participation in the event. I further certify that I have full knowledge of the risks involved in this event, and I am physically fit and sufficiently trained to participate. If, however, as a result of my participation in the Shamrock Sk Run-Walk-Roll, I require medical attention, I hereby give consent to auth medical personnel to provide such medical care as deemed	Name:		L	☐ Male ☐ Female
Emergency Contact Name:	Mailing Address:	City:	State:	Zip:
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result from or arise out of my participation in the 5K. The foregoing risks shall include, but are not limited to, falls, contact with other participants, the effects of the weather (including high heat and/or humidity), traffic, road conditions, all such risks to myself being kn or unknown, anticipated or unanticipated, resulting from or arising out of my participation in the 5K. I hereby, individually fully and f waive, release and discharge the Event Affiliates, and each of them, from any and all claims, damages, demands, rights of action or ca of action, present or future, known or unknown, anticipated or unanticipated, resulting from or arising out of my attendance at and participation in the 5K, including those which arise out of the negligence of the Event Affiliates. Further, I hereby, individually release discharge the Event Affiliates from any and all liability for any loss of, or theft of, or damage to personal property, including without limitation, automobiles. I acknowledge and agree that I have carefully read this Waiver and Release and fully understand and agree that a waiver and release of liability. If I am under eighteen years of age, consent of parent or legal guardian has been given and agree to all above legally bound statements. By checking the box below and further submitting this form, I understand and agree to the waiver and release. Participants' Signature: Date: Date:// Cor guardian if under 18 (By signing I agree to all terms and conditions stated above)	release and forever discharge any a described in this entry form or their participating in this event. Further, or any other record of this event for Run-Walk-Roll, I do hereby waive sponsors and any employees, volun damages connected to or arising ou certify that I have full knowledge o however, as a result of my participa medical personnel to provide such potentially hazardous activity and t I am solely responsible for all healt to my and ability to safely compete result from or arise out of my participarticipants, the effects of the weat or unknown, anticipated or unantici waive, release and discharge the Ev of action, present or future, known participation in the 5K, including the discharge the Event Affiliates from limitation, automobiles. I acknowle a waiver and release of liability. If above legally bound statements. By release.	and all rights and claims which I may hereafter respective officers, agents, representatives, su I hereby grant permission to any and all of the rany legitimate purpose. 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Registration must be postmarked before Sunday March 19^{th} 2017 or a late fee will be charged on the day of the race. There is a + \$5.00 additional registration cost on the day of the race.