



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:



Resource Center for Persons with Disabilities
Maximizing Ability & Opportunity

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

Name: _____ ☐ Male ☐ Female

Mailing Address: _____ City: _____ State: _____ Zip: _____

E-Mail: _____ Cell Phone: _____ Age on Race Day: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Please identify if you will be running, walking, or using a wheelchair in the event: ☐ Run ☐ Walk ☐ Roll

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, waive, release and forever discharge any and all rights and claims which I may hereafter accrue to against the sponsors and officials of the race described in this entry form or their respective officers, agents, representatives, successors, and/or assigns, while traveling to and from or participating in this event. Further, I hereby grant permission to any and all of the foregoing to use any photographs, video tapes, recordings or any other record of this event for any legitimate purpose. Also, knowingly, and at my own risk, I am participating in the Shamrock 5K Run-Walk-Roll, I do hereby waive release any and all claims against the student group Tower Guard, Michigan State University, all event sponsors and any employees, volunteers, or officials of these organizations from any claim of injury (including death), property loss or other 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 hereby 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 5K Run-Walk-Roll, I require medical attention, I hereby give consent to authorize medical personnel to provide such medical care as deemed necessary. I am aware that participating in the Shamrock 5K Run-Walk-Roll is a potentially hazardous activity and that I should not enter and participate in the 5K unless I am physically able. I acknowledge and agree that I am solely responsible for all health risks associated with the 5K. I agree to abide by the rules and the decision of any event official relative to my and ability to safely compete in the event. I assume all risks of personal injury, death, property loss or other damages, which may 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 known or unknown, anticipated or unanticipated, resulting from or arising out of my participation in the 5K. I hereby, individually fully and forever waive, release and discharge the Event Affiliates, and each of them, from any and all claims, damages, demands, rights of action or causes 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 and 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 it is 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: ____/____/____
(or guardian if under 18) (By signing I agree to all terms and conditions stated above)

Registration must be postmarked before Sunday March 19th 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.