MSU Denver 5K Participation Waiver and Release

I, the undersigned, know and hereby acknowledge that running a race is a potentially hazardous activity, which could cause injury or death. I will not enter and participate in this event unless I am medically able and properly trained, and by my signature below, I certify that I am medically able to participate in this event, and am in good health, and I am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I assume all risks associated with running in this event, including but not limited to: personal injury or medical emergency related to exertion, falls, physical contact with other participants, volunteers, race personnel, contract service providers, employees, and spectators including the potential contraction of a communicable disease resulting from contact with other participants, volunteers, race personnel, contract service providers, employees, and spectators. I assume all risks including but not limited to: the effects of the weather; high heat and/or humidity; freezing cold temperatures; traffic and the conditions of the road (or trail, sidewalks, etc.) including surrounding terrain, and animals both wild and domestic. I assume all such risks being known, or unknown, appreciated, and accepted by me.

Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and any heirs, representatives, and anyone entitled to act on my behalf, hereby waive any claim whatsoever and forever release the State of Colorado, the Metropolitan State University of Denver (MSU Denver) Board of Trustees, and any and all MSU Denver officers, employees, affiliates, event sponsors, their representatives and

successors from any and all claims or liabilities of any kind whatsoever arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

I also grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purposes.

Print Name: _____ Age: _____

Signature: _____ Date: ____/____/_____

If under 18 years of age, parent/guardian must sign: _____

Emergency Contact:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: (_____) _____ - _____

Relationship to you: _____