

FSUCares Homecoming 5K Run/Walk

SUNDAY, OCTOBER 31, 2010 at 4:00 PM

NAME: _____ DOB: _____ Age: _____ SEX: M F

ADDRESS: _____

NAME OF ORGANIZATION (IF EARNING POINTS FOR HOMECOMING): _____

WAIVER: In consideration of my voluntary participation in the FSUCares Homecoming 5K Run/Walk sponsored by FSUCares on October 31, 2010, and for other good and valuable consideration received by me, I _____ having actual knowledge and conscious appreciation of the dangers of running a road race do hereby voluntarily consent to my participation in the aforementioned race and release the Florida State University and the FSU Board of Trustees, and their agent, representatives, and employees from liability for any injury, accident, illness, property loss of damage, or any other consequence arising or resulting directly or indirectly from any participation in the race.

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I also know that, although police protection will be provided, there will be cars on the course route. I assume the risk of running in traffic. I assume any and all other risks associated with this event including but not limited to falls, contact with other participants, effects of weather, including high heat and/or humidity, and the condition of the roads, all such risks known and being appreciated by me. I agree to abide by all decisions of the race officials relative to my ability to safely complete the race. I agree to not wear headsets, run with dogs, baby joggers or strollers during the race.

Furthermore, I understand as evidence by my signature, that the Florida State University does not have medical or liability insurance to cover me in the event of injury accident, illness or death, property losses, or other such occurrences in the connection with the race, and there specifically release and hold harmless the Florida State University and the FSU Board or Trustees, their agents, representatives, and employees from any and all liability in connection with the program.

SIGNATURE (PARENT SIGNATURE NEEDED IF RUNNER IS UNDER 18) _____ DATE _____

Pre-registration forms and checks must be received by **Thursday, October 28, 2010** and can be mailed to:

FSUCares 5K
BOX G108
Florida State University College of Medicine 1115 W. Call St
Tallahassee, FL 32306-4300

On-site registration will be on **Sunday, October 31, 2010** from 2:00 pm to 3:30 pm at the main entrance to the FSU College of Medicine, 1115 W. Call St.

___ \$15 Pre-registration with t-shirt ___ \$20 On-site registration with t-shirt (while supplies last)
___ \$12 Pre-registration without t-shirt ___ \$15 On-site registration without t-shirt

T-shirt size (circle one): S M L XL

Checks payable to: **FSU Foundation**
Subject line: **FSUCares**

Name of FSUCares member, if referred:

Please cut along dotted line and keep this portion for your records.

Race packet pick-up time:

Sunday, October 31st from 2:00 pm to 3:30 pm at FSU College of Medicine, 1115 W. Call St.

The race will begin at the FSU College of Medicine promptly at 4:00 pm on October 31, 2010 and end at Warchant to kick off the homecoming festivities. Following the race, all runners will receive free admission to Warchant which will feature a live performance by a musical guest. For non-runners, a donation of two canned food items for Second Harvest is encouraged in lieu of an admittance fee to Warchant. Awards will be given to the top two runners in five year age groups, to Overall Male/Female, Masters Male/Female, and Grand Masters Male/Female. Additional race t-shirts will be available for sale while supplies last.

More registration forms can be obtained at: <http://med.fsu.edu/index.cfm?page=studentOrgFSUCares.5krun>
For more information, please contact Sarah Weaver at sw08h@med.fsu.edu