

Relay for Life at Florida State

Invites you to our 2nd Annual

Door Prizes!



Awards for Top 3 M/F Finishers

5K Run/Walk

Benefiting the

American Cancer Society

When: January 15, 2011

Registration begins at 8:00am. Race starts at 9:00am.

Where: Florida State University Integration Statue (off of Woodward Avenue)

Register by January 10th to be guaranteed a *free event t-shirt* on race day!

Pre-Race Registration Fee: \$15/individual

Day of Race Registration Fee: \$20/individual

Please return all forms and payment by *January 10th* to:

The American Cancer Society
2619 Centennial Boulevard
Tallahassee, FL 32308

Or register online at ACTIVE.COM

Search Relay Resolutions 5K

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

T-Shirt Size(s): _____ Gender (Circle One): Male Female

Total Amount Enclosed: \$_____ Name of Organization: _____

Make Checks Payable to: **The American Cancer Society**

SEE WAIVER ATTACHED TO BACK OF FORM

Statement of Voluntary Consent, General Release, and Waiver of Liability – Registered Student Organizations

(For individual participant signature or parent/guardian if participant is under age 18)

Participant: _____
Last First MI FSU ID# (if applicable)

In consideration of my or my minor child's participation in _____'s activity, _____ (hereafter referred to as "Activity") on _____ located at _____, and having actual knowledge and appreciation of the particulars of the activity and those risks involved in this type of activity as listed below, I voluntarily consent to my or my minor child's participation in the program, and assume the risks arising therefrom.

This Activity may involve, but is not limited to, the following types of activities:

1. Transportation to, from, and/or during an event or activity
2. Specific physical activities: ex. running, hiking, swimming, water sports, etc.
3. Physical exertion such as lifting or moving heavy objects
4. Use of specialized equipment related to an activity or event
5. Spending extended periods of time outdoors being exposed to the elements (sun, wind, rain)
6. Consumption of food and/or beverage

Risks involved with this Activity may include, but are not limited to, the following:

1. Risk of personal injury, including but not limited to bodily harm, permanent disability, dismemberment, and/or death
2. Exposure to venomous animals and poisonous plants that may result in allergic reactions or other harm
3. Weather-related risks associated with outdoor activities such as exposure to the elements
4. Malfunction or personal misuse of equipment related to an activity or event
5. Damage to property or property loss
6. Illness or harm as a result of food and/or beverage consumption

In consenting my or my minor child's participation in the Activity, I acknowledge that I have been given information about the activities, risk level and specific guidelines associated with the Activity, for my independent review and understanding of the requirements. I acknowledge and agree that it is my obligation to make any necessary inquiries regarding my or my minor child's ability, physically or otherwise, to safely participate in the Activity and that I have been provided the opportunity to inquire and discuss the possible risks and hazards from my participating in the Activity and any questions I had regarding my or my minor child's ability to participate in the activity have been answered to my satisfaction, and I have received sufficient information to make a sound and voluntary decision to participate in the Activity.

I HEREBY CONSENT, declare and represent, as evidenced by my signature below, that I am on notice that the _____ and the Florida State University have no medical, health or hospitalization insurance to cover me or my minor child in the event of accident, injury, illness or death, and hereby specifically release and hold harmless the _____, the Florida State University, the Florida State University Board of Trustees, and the Florida Board of Governors, their agents, employees, representatives and personnel, from any and all liability connected with the Activity activities and any and all risks, liabilities and responsibilities for all accidents, injuries, damages or property losses arising there from. Furthermore, I acknowledge that it has been strongly recommended to me that I obtain my own, or in the event of my minor children, his or her own health, medical and/or hospitalization insurance prior to participating in the Activity.

I hereby declare and represent that in making, executing, and tendering this Statement of Voluntary Consent, General Release, and Waiver of Liability, I fully understand and acknowledge that I am relying wholly upon my own judgment, belief and knowledge of the circumstances involved in my or my minor child's participation in the Activity, and that I have read this statement, understood its contents and voluntarily executed it on my free will and choice.

Participant Name (print)

Date (month/day/year)

Signature (participant)

Signature (parent or guardian if participant is under 18)