



PRESENTED BY:



Granite Equity Partners 5K Corporate Challenge REGISTRATION FORM FRIDAY, APRIL 15, 2016: 6:30 pm

CAPTAIN INFO all fields must be completed

Name: First: _____ Last: _____ Gender (check one): M F

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

Age on Race Day: _____ Date of Birth: ___/___/___ Phone: _____ Wheelchair Entrant:

Performance shirt size (check one) XS S M L XL XXL Email: _____

ALL TEAM MEMBERS MUST SIGN A WAIVER AND RELEASE (included on the last page of this document).

CORPORATE CHALLENGE TEAM INFO AREA (member information needs to be filled out on next page):

Team Name: _____ Business Representing: _____

Number of participants (check one): 5: 6: 7: 8: 9: 10:

THINGS TO REMEMBER!

- Registrations will not be accepted after April 1.
- Check in will be available from 11 a.m. to 6 p.m. on Friday, April 15.
- No race day registration.
- If a runner is injured, they can be removed from the team's roster and replaced. A new participant must pay \$45. Refunds will not be given for injured runners.
- No refunds are allowed for the corporate challenge.

RACES & FEES

- 5K Corporate Challenge (check box)
- 5 Member Team - \$250
 - 6 Member Team - \$295
 - 7 Member Team - \$335
 - 8 Member Team - \$375
 - 9 Member Team - \$415
 - 10 Member Team - \$455

Total Enclosed: \$

Make checks payable to: CCH Foundation

Mail to: CentraCare Health Foundation/Earth Day
1406 Sixth Ave N.
St. Cloud, MN 56303

ALL REGISTRATIONS MUST HAVE A SIGNED WAIVER (FOLLOWING PAGE) BEFORE REGISTRATION WILL BE PROCESSED.

REGISTER EARLY; SPACE IS LIMITED! WE RESERVE THE RIGHT TO CAP REGISTRATION FOR ALL RACES.

Granite Equity Partners 5K Corporate Challenge Team Member

(all fields must be completed)

Name: First: _____ Last: _____

Team Name: _____

Gender (check one)

 M F

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

Age on Race Day: _____ Date of Birth: ____/____/____ Phone: _____

Wheelchair Entrant:
(check box)

Performance shirt size *(check one)*: XS S M L XL XXL Email: _____

All team members must sign a waiver and release (included on the last page of this document).

Granite Equity Partners 5K Corporate Challenge Team Member

(all fields must be completed)

Name: First: _____ Last: _____

Team Name: _____

Gender (check one)

 M F

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Age on Race Day: _____ Date of Birth: ____/____/____ Phone: _____

Wheelchair Entrant:
(check box)

Performance shirt size *(check one)*: XS S M L XL XXL Email: _____

All team members must sign a waiver and release (included on the last page of this document).

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Team Name: _____

Gender (check one)

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Wheelchair Entrant:
(check box)

Performance shirt size *(check one)*: XS S M L XL XXL Email: _____

All team members must sign a waiver and release (included on the last page of this document).

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Wheelchair Entrant:
(check box)

Performance shirt size *(check one)*: XS S M L XL XXL Email: _____

All team members must sign a waiver and release (included on the last page of this document).

Granite Equity Partners 5K Corporate Challenge Team Member

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Gender (check one)

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Age on Race Day: _____ Date of Birth: ____/____/____ Phone: _____

Wheelchair Entrant:
(check box)

Performance shirt size *(check one)*: XS S M L XL XXL Email: _____

All team members must sign a waiver and release (included on the last page of this document).

WAIVER

I recognize that presence at and involvement with this event have a certain degree of risk, and I knowingly and voluntarily assume the risk, whether expected or unexpected, of any injuries regardless of severity, including death, and all risk of damage to or loss of property which I may incur due to any act of negligence or accidental occurrences while I am participating in the Earth Day Run activities. I voluntarily assume the risk of any and all means of transportation utilized in relationship to the Earth Day Run activities. I am not required to participate in this event/activity. My participation is wholly voluntary.

I am aware of the dangers and the risks to my person and property involved in participating in this event/activity, and that I should not enter and participate unless I am medically able and properly trained. Risks associated with my participation in this event/activity include, but are not limited to, falls, contact with other participants, effect of weather, traffic, and conditions of the road.

All such risks are known and understood by me:

I agree as follows:

1. I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby release and forever discharge CentraCare Health, St. Cloud State University, Minnesota State Colleges and Universities, the State of Minnesota, and their employees, agents, officers, trustees and representatives (in their official and individual capacities) ("Releasees") from any and all liability whatsoever for any and all damages, losses or injuries (including death) I sustain to my person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorneys fees, which arise out of, result from, occur during, or are connected in any manner with my participation in the Earth Day Run whether caused by the negligence of the Releasees or otherwise; except that which is the result of gross negligence and/or wanton misconduct by the Releasees;
2. I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend and hold harmless CentraCare Health, St. Cloud State University, Minnesota State Colleges and Universities, and the State of Minnesota, and their employees, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability, loss, damage or expense, including attorneys fees, that they or any of them incur or sustain as a result of any claims, demands, actions, causes of action, damages, judgments, costs or expenses, including attorneys fees, which arise out of, occur during, or are in any way connected with my participation in the Earth Day Run.

I agree that should I knowingly or unknowingly engage in conduct which CentraCare Health deems to be incompatible with the interest, harmony, comfort, and welfare of the other Earth Day Run participants and/or local community members, CentraCare Health has the right to terminate my participation in the Earth Day Run activities with no refund of monies paid. In the event of termination, I agree to immediately leave the Earth Day Run and that upon such departure CentraCare Health terminates any and all relationships and responsibilities for my subsequent travels and activities; if I am a minor, I agree that CentraCare Health will send me home at the expense of myself, my parent(s) or my guardian(s).

I hereby grant CentraCare Health and/or St. Cloud State University full authority to take whatever actions they may consider warranted under the circumstances concerning my health and safety, and I fully release each of them from any liability for such decisions or actions as may be taken in connection therewith.

In the event that I am incapable of seeking and/or consenting to medical attention, I place within the discretion of CentraCare Health and/or St. Cloud State University the decision to seek and authorize any and all professional medical attention and/or services except the withholding or withdrawal of life sustaining procedures, as well as transportation by any conveyance to the closest medical facility deemed adequate by the university. I agree to be financially responsible for any and all expenses related to medical treatments as well as travel to receive medical treatment.

I verify that I have informed the CentraCare Health and/or St. Cloud State University of any existing medical conditions that might require treatment, require accommodation for participation in the Earth Day Run activities, or about which medical personnel should be informed.

I also understand that all race fees are non-refundable, bib numbers are non-transferable and the changing of races is prohibited.

I also give permission to CentraCare Health and/or St. Cloud State University and other associated organizations to use my name and any photographs, videotapes, motion pictures, recordings or any other record on my participating in this event for any publicity and/or promotional purposes without obligation or liability to me.

I agree that this Waiver, Release and Indemnification Agreement is to be construed under the laws of the State of Minnesota, U.S.A.; and that if any portion thereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect. I agree that this Agreement is to be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law. In agreeing with this document, I hereby acknowledge that I have read this entire document, that I understand its terms, that I am at least eighteen (18) years of age, that by agreeing to it I am giving up substantial legal rights I might otherwise have, and that I have agreed to it knowingly and voluntarily.

Signature:

Date:

Signature of parent/guardian if under 18 years old:

Date: