

Run for Recovery 5k Preregistration form

Preregister by August 27

Classification (Circle One):

Student
\$15

Age 65+
\$20

Everyone Else
\$25

**See more info on page 2.*

First Name:

Last Name:

Gender: M F **Age:** **T-shirt size:** S M L XL XXL

Address Line 1:

Address Line 2:

City: **State:**

Zip: **Phone:**

Email:

Emergency Contact:

Emergency Phone:

WAIVER/RELEASE:

I, the undersigned below, in consideration of my and/or my child's or ward's participation in the Event(s) referenced above, and any related activities thereto (separately and collectively, the "Event"), wherever the/these Event(s) may occur, acknowledge that I am aware that as a result of my or my child's or ward's participation in the Event, there exists the potential for injuries including but not limited to scrapes, bruises, broken bones, and various injuries to the body, and I freely assume on my own and/or my child's or ward's behalf all risks incidental to such participation.

In consideration of my and/or my child's or ward's participation in the Event and in my own and/or my child's or ward's behalf, and on behalf of my and/or my child's or ward's heirs, executors, administrators and next of kin, I hereby release, covenant not to sue, and forever discharge the Released Parties (as defined below) of and from all liabilities, claims, actions, damages, costs and expenses of any nature arising out of, related to, or in any way connected with my or my child's or ward's participation in the Event and/or any such related and associated activities, and further agree to indemnify and hold each of the Released Parties harmless from and against any and all such liabilities, claims, actions, damages, costs and expenses including by way of example, but not limited to, all attorneys' fees, costs of court, and the costs and expenses of other professionals and disbursements up through and including any appeal. I, for myself and my child and/or ward, understand that this Release and indemnity includes any claims based on the negligence, action or inaction of any of the Released Parties and covers bodily injury (including, without limitation, death), property damage, and loss by theft or otherwise, whether suffered by me or my child or ward either before, during or after such participation. I declare that I and (if participating) my child or ward are physically fit and have the skill level required to participate in the Event and/or any such related and associated activities. I further authorize medical treatment for me and/or my child or ward, at my cost, if the need arises. For the purposes hereof, the "Released Parties" are: Kennesaw State University, the Board of Regents of the University System of Georgia, all Event sponsors, and each of their respective parent, subsidiary, affiliated or related companies; and the officers, directors, employees, agents, representatives, successors, assigns and volunteers of each of the foregoing entities.

I also acknowledge that persons employed by Kennesaw State University may take photographs and/or videos of my participation and allow the use of these materials on behalf of the University without limitation or compensation including the release of my name.

This Waiver and Release Form shall be governed by the laws of the State of Georgia, and any legal action related to or arising out of this Waiver and Release Form shall be commenced exclusively in the Superior Court in and for Cobb County, Georgia;

I certify I am eighteen (18) years of age or older and, if I am executing this Waiver and Permission Form on behalf of my child or ward, the information set forth above pertaining to my child or ward is true and complete. **I HAVE READ, UNDERSTOOD AND ACCEPT THE CONDITIONS OF THIS LIABILITY RELEASE, INDEMNITY, AND PROMISE NOT TO SUE.**

Signature of participant: X _____

Signature of parent/guardian (if under 18): _____

Payment Information:

You may pay for more than one registration, however please attach a completed registration form/signed waiver for each individual you are registering.

Print name(s) of registrations payment is for: _____

Pay by Check

- Make checks payable to *Kennesaw State University Foundation* / Memo Line: Center for Young Adult Addiction and Recovery

Pay by Credit Card

Credit card information (circle one): Visa MasterCard Amex Discover

Card # _____ Expiration Date _____
Security Code _____

Name on card _____

Amount to charge _____

Signature _____

Credit Card Billing Address:

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Form must be received by August 27, 2015.

Please send completed form by mail, fax or email (scanned copy) to:

Elizabeth Lang
Kennesaw State University
430 Bartow Ave, Rm 222, MD2403
Kennesaw, GA 30144
Fax: 470-578-9203
Email: elang4@kennesaw.edu

For questions about the Run for Recovery 5k, please contact Elizabeth Lang
by phone 470-578-7718 or email elang4@kennesaw.edu