

STEVE'S RUN SATURDAY JULY 25, 2009

Please print all information

Last Name: _____ First Name: _____

Age on race day: _____ Sex: M F Cancer Survivor: Y N

Address: _____ City: _____

State: __ Zip: _____ E:MAIL _____

Phone: _____ T-Shirt Size: S M L XL XXL

Please Circle

Cass County Resident Yes No

Niles Resident Yes No

RACE:

10K RUN

5K RUN

5K WALK

In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against Southwestern Michigan College and the City of Dowagiac, County of Cass, their representatives, successors, and assigns for any and all injuries suffered by me in said event. I attest and verify that I am physically fit and have sufficiently trained for this event. I hereby authorize any emergency medical unit to release, any physician designated as an official representative of Southwestern Michigan College to obtain information (medical or otherwise) relating to my participation in this event and I further authorize such physician to tactfully and tastefully use such information in his dealings with the public.

Signature

Parent's signature (if under 16 years old)

Date: _____