

# Coopersville Outhouse 5K Fun Run/Walk

To benefit The Coopersville Area Arts Council and The Coopersville Band Boosters

## REGISTRATION FORM

Make checks payable to: Coopersville Area Arts Council  
Enclose your \$20.00 payment / information and mail to:  
574 Venna Place Coopersville Mi 49404

Please indicate T-shirt size: Child S (6-8), Child M (10-12), Child L (14-16)

Adult S, M, L, XL, XXL (extra \$2 for XXL)

Note: T-shirt size cannot be guaranteed if registered a week before race day.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Shirt Size \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address \_\_\_\_\_ Daytime phone \_\_\_\_\_

Circle One: Male Female

Age Group (Please choose one) 10-19 20-29 30-39 40-49 50-59 60-69 70-79 80-100

**CANCELLATION:** Entry fees are nonrefundable. Sorry, no exceptions. Race will be held rain or shine; however, the race may be cancelled due to inclement weather.

### 5K WAIVER AND RELEASE OF LIABILITY

In consideration of my being allowed to participate in the Coopersville Outhouse 5K Fun Run/Walk, I agree that I will not hold The Coopersville Area Arts Council, the City of Coopersville, or any of their officers, employees, officials, or agents ("Organizers") responsible for any injuries or losses I might incur while participating in the 5K. I am aware that this activity involves risks, including but not limited to: the dangers of colliding with fixed or moving people or objects, the dangers of surface hazards, inadequate safety or other equipment, or adverse weather conditions, the risks inherent in activities conducted on and around public streets and roadways, and the risks inherent in any athletic activity or competition.

For myself, my heirs, executors, administrators, legal representatives, assignees, and successors in interest, I hereby release the Organizers from any and all claims, liabilities, demands, damages, lawsuits, and other causes of action arising from my participation in the 5K. I also agree to indemnify the Organizers for any damage or harm I may cause another based on my participation in the 5K.

I have consulted with my health care provider and represent that I am fit to participate in the 5K Endurance Challenge. In the event of an illness, injury, or medical emergency, I authorize the Organizers to provide or secure any treatment or transport deemed reasonably necessary for my immediate care. Furthermore, I agree that I will be responsible for the costs of any and all such care and transport.

I grant the Organizers permission to use my photograph, picture, likeness, or voice in any media format whatsoever, and for any purpose whatsoever, including commercial advertising, and waive any compensation for such use. I agree to abide by all rules of the 5K, and understand that I may be removed from the course for violation of the rules.

If I am signing this **WAIVER AND RELEASE OF LIABILITY** or otherwise registering for the 5K on behalf of my child or ward, I authorize my child or ward to participate in the 5K, and make the same representations contained herein on behalf of my child or ward. I also agree to indemnify for and release liability on behalf of my child or ward as set forth herein.

This **WAIVER AND RELEASE OF LIABILITY** may not be modified orally. Terms of this **WAIVER AND RELEASE OF LIABILITY** are severable; if any one or more of them is found to be unenforceable or invalid by a court of competent jurisdiction, that finding shall not affect the other terms, which shall remain binding and enforceable. Representations I have made in this **WAIVER AND RELEASE OF LIABILITY** are contractually binding on me, my heirs, executors, administrators, legal representatives, assignees, and successors in interest. I understand that the Organizers are relying on the representations made herein.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Call Duane Young at 616-997-2345

FOR MORE INFORMATION:

EMAIL: [duaneandamyyoung@yahoo.com](mailto:duaneandamyyoung@yahoo.com)