



Turkey Trot 5K

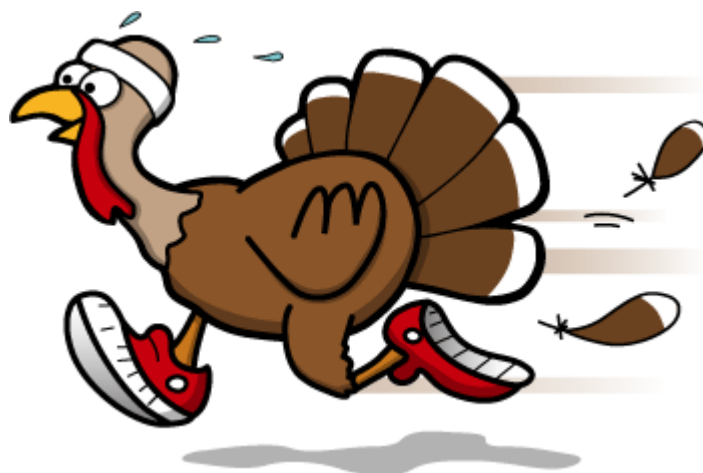
Presented by GVSU Running Club

Saturday, November 21 @ 10am

Kirkhof Center/ Clock Tower

Join us for the race, food, and raffle prizes!

Profits donated to Kids Food Basket



Register online at
MichianaTiming.com/Registration
\$15/\$20/\$25

Questions? gvturkeytrot@gmail.com



**GRAND VALLEY
STATE UNIVERSITY**
OFFICE OF STUDENT LIFE

5K Run/Walk Registration and Waiver

This form must be completed by all participants and a copy collected by the sponsoring organization and kept on file for 6 months.

Circle one: Male Female

Circle one: Student Faculty Staff Parent Sibling Community

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Id# (last 5 digits): _____

I live ___ Campus

I am in a student organization

On Off

Yes No

I hereby declare, assert and affirm that participation in Grand Valley State University 5K Run/Walk is done having voluntarily and knowingly assumed ALL RISKS involved in this event. The immediate physical risks and hazards associated with normal, vigorous physical activity include (but are not limited to) physical discomfort, fatigue, muscular soreness, falls, pulled or strained muscles, overuse injuries, heat stress, and the rare instance of abnormal responses of the cardio respiratory system including heart arrhythmia, heart attack, stroke, and sudden death. In consideration of acceptance of this contract allowing my participation in the above stated event and intending to be legally bound thereby, I hereby for myself, my heirs, executors, administrators and assigns, WAIVE AND RELEASE any and all rights and claims for negligence, injuries, damages, or losses that I may incur against all participating agencies involved in the about stated event, specifically Grand Valley State University, their respective employees, agents, representatives, successors, and assigns, for any and all activities connected with the above event. I also understand that I do hereby WAIVE any and all rights or benefits under the State of Michigan Worker's Compensation laws for any injury incurred as a result of my participation in this event. If I am a faculty or staff member, I understand that I do hereby WAIVE any and all rights or benefits under the State of Michigan Worker's Compensation laws for any injury incurred as a result of my participation in this event.

Date _____

Print Name _____

Signature _____

(CO-signature of parent or guardian if student is under 18 years of age)