

TUSCARAWAS Alumni Association



POST RACE GATHERING AT EAA CHAPTER 1077 HANGER FOR FOOD, AWARDS AND FUN. All Pre-Registered Runners Get a Free T-Shirt!

2017 GLOWWAY RUN 5K

KENT STATE UNIVERSITY AT TUSCARAWAS ALUMNI ASSOCIATION

Sat., Sept. 16, 2017 | Race Time: 7:15 p.m. Where: Harry Clever Airfield 5K Race or 1.5 Mile Fun Run / Walk

Pre-Registration Deadline Fri, Sept. 1, 2017
Registration Time 6:15 p.m. Free parking available
Registration Fees \$15 (Pre-register for Students and Alumni Members) \$20 (All Pre-register) \$25 (Day of Event)
Age Groups (Male and Female) 19 & Under, 20-29, 30-39, 40-49, 50-59, 60 & over
Awards Awards will be presented to the top three male and female overall winners and to the top three finishers in each male and female age group.

REGISTRATION FORM

Make Checks Payable to: Kent State Tuscarawas Alumni Association

Send Registration and Payment to: Kim Sweitzer, Kent State Tuscarawas, 330 University Dr. NE, New Philadelphia, OH 44663

\$15 Pre-Register (Students / Alumni Members) \$20 (All Pre-Register) \$25 (Day of Event)

Name _____ Age _____ Birthdate ___/___/___ 5K Run 1.5 Mile Run/Walk

Address _____ City _____ Zip _____

Sex: M F T-Shirt Size: S M L XL XXL Email _____

Signature _____ Date _____

Parent Signature (If Under 18 Years of Age) _____

Please note the liability waiver on the next two pages must be read and signed.

**KENT STATE UNIVERSITY
CONSENT, WAIVER AND RELEASE AGREEMENT**

**THE GLOWWAY RUN 5K SPONSORED BY
THE KENT STATE TUSCARAWAS ALUMNI ASSOCIATION**

Participant Name:

_____ **Age** _____

Print Full Name (if different)

_____ **Date** _____

I, the undersigned, hereby expressly and affirmatively state that I wish to voluntarily participate in the Glowway Run 5K ("Event") on September 16, 2017 at Harry Clever Airfield Airport in New Philadelphia, Ohio. I further understand and agree to the following:

- That my participation in the Event is completely voluntary and is not a term and/or condition of my employment at Kent State University ("KSU");
- That I will assume all known and unknown risks associated with watching and/or participating in program activities, including, but not limited to accidents, illness, bodily injury, property loss and death, and that this assumption is acknowledged, approved, and agreed to as indicated by the signature below;
- That I understand that I have enrolled in a program that will include strenuous physical activity that may include, but are not limited to: stretching, walking, running weightlifting, aerobics, yoga, and other forms of exercise;
- That I have been advised to discuss any known and unknown health risks with my primary care physician prior to my enrollment and/or participation in such a program;
- That I am physically able to participate in the Event designated above and that I know of no physical impairments which would in any manner limit my participation in such a program;
- That I give KSU the right to use my photograph and/or video/audio image in any media for the purposes of advertising, trade, display or other use, either in print or electronic form.

In consideration for participation in the above activity, I, for myself, my executors, administrators, and assigns, do hereby release and forever discharge the City of New Philadelphia, ProAv Aircraft Services, and Experimental Aircraft Association #1077, Kent State University, and its Board of Trustees, its respective entities, administrators, faculty members, employees, agents, race sponsors, physicians, and students from any claims that I might have myself with regard to damages, demands, or any actions whatsoever, including those based on negligence or failure to supervise, in any manner arising my participation in this activity.

I also hereby agree to save, hold harmless, and indemnify the City of New Philadelphia, ProAv Aircraft Services, and Experimental Aircraft Association #1077, KSU its Board of Trustees, and/or its respective entities, administrators, faculty members, employees, agents, race sponsors, physicians, and students against any and all claims, including claims of negligence or failure to supervise, which I might bring against them as a result of my participation in the above activity.

I understand and recognize that this Consent, Waiver and Release means that I am giving up,

among other things, rights to sue the City of New Philadelphia, ProAv Aircraft Services, and Experimental Aircraft Association #1077, KSU and its Board of Trustees, its respective entities, administrators, faculty members, employees, agents, race sponsors, physicians or students for injuries, damages or losses that I may incur even if due to the negligence of Kent State University, the City of New Philadelphia, ProAv Aircraft Services, and Experimental Aircraft Association #1077. I also understand that I have the right to consult with my own legal counsel to discuss this Agreement prior to participating in the activity. And I further acknowledge that I am signing the agreement freely and voluntarily.

I have read the above terms of this Agreement/Release, and I understand and voluntarily agree to the terms and conditions and that I am giving up substantial rights including my right to sue. This Agreement/Release shall be binding upon the heirs, administrators, executors, and assigns of the undersigned. I acknowledge that I am signing the agreement freely and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

X _____
Participant Signature – Read above and sign here (Date)

As a parent/guardian on behalf of the above-named minor, I have read the above terms of this Agreement, and I understand and agree to the terms and conditions stated herein. This Agreement/Release shall be binding upon the heirs, administrators, executors, and assigns of the undersigned. I further agree to indemnify the City of New Philadelphia, ProAv Aircraft Services, and Experimental Aircraft Association #1077, Kent State University, its agents, officers and employees against any action brought against KSU, City of New Philadelphia, ProAv Aircraft Services, and Experimental Aircraft Association #1077 by the above-named Participant, including but not limited to an action brought by him or her upon reaching the age of majority. I warrant that I am authorized to execute this Agreement and Release on behalf of the above-named minor.

Parent/Guardian Signature (Date)

EMERGENCY MEDICAL INFORMATION

NAME

Parent/Guardian

PHONE (Home) _____ **(Work)** _____ **(Cell)** _____

ALTERNATE EMERGENCY CONTACT

(Work) _____ **(Cell)** _____