



# THE GREATEST 5K EVER

OCTOBER 3, 2009 10:00AM  
GRAND RAPIDS, MICHIGAN  
RIVERSIDE PARK

## REGISTRATION FORM

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

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

Email \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on 10/03/09 \_\_\_\_\_ Gender M F

Registration Fee: \$30

I am participating in the stroller division: Yes No

T-Shirt Size (check one) S M L XL

Credit Card Information

Visa MasterCard American Express

Account # \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please make checks payable to **Help Fight Scleroderma Foundation**. Entry fees are not refundable, transferable, or tax deductible. Unsigned or incomplete entries will not be accepted. Parent must sign for participants under 18 years of age.

Please mail this registration and your payment to:

**Help Fight Scleroderma Foundation**  
**P.O. Box 411**  
**Ada, MI 49301-0411**

### Greatest 5K Ever Waiver

In consideration of participating in the Greatest 5K Ever 5K Run, I represent that I understand the nature of the event and that I and/or my minor child am qualified, in good health, and in proper physical condition to participate in such activity. I further acknowledge that the activity will be conducted over public property and facilities that will be open to the public during the event. I acknowledge that if I and/or my minor child believe event conditions are unsafe, I and/or my minor child will immediately discontinue participation in the activity. I understand that the Greatest 5K Ever 5K Run involve risks of serious bodily injury, including permanent disability, paralysis, and death, which may be caused by my own actions or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" names below; and that there may be other risks either not know to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I and/or my minor child incur as a result of mine and/or my minor child's participation in the activity. I hereby release, discharge, and covenant not to sue the Help Fight Scleroderma Foundation, its respected administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and leasers of premises on which the activity takes place (each considered one of the "releasees" herein) from all liability claims, demands, losses, or damages on my account caused alleged to be caused whole or in part by the negligence of the "releasees" or otherwise including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my and/or my minor child's behalf, makes a claim against any of the "releasees", I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost which any may incur as a result of such claim. I have read this release and waiver of liability, assumption of risks, and indemnity agreement, and parental consent agreement, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature

X \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian Signature (if participant is under 18 years old)