



Saturday, October 6, 2012

REGISTRATION FORM

One form per person.

Please fill out a separate form for each family member.

Male Female Age (day of race) _____

Name _____

Address _____

City, State, Zip _____

Phone _____

Email _____

Please circle one:

T-shirt size: S M L XL XXL

ENTRY FEES

Checks made payable to York College of Pennsylvania. Return to York College of Pennsylvania, Office of Alumni Relations, York, PA 17403-3651. Credit card payment accepted online or via phone.

Please check one:

\$25 YCP alumni, employees, and community members

Class Year _____

\$10 YCP students

Freshman

Sophomore

Junior

Senior

Free SpartaKids Fun Run (for children 12 and under)

Register online: www.YCPAlumni.com

Follow us...
#YCP5K



For additional information please contact:

YORK COLLEGE OF PENNSYLVANIA
OFFICE OF ALUMNI RELATIONS
717-815-1285 • alumni@ycp.edu

All participants MUST read and sign below:

PARTICIPANT LIABILITY RELEASE

Assumption of Risk: By signing below, I am stating that I voluntarily desire to participate in the YCP Alumni 5K and Fun Run at York College of Pennsylvania. I understand that participation in this event requires a minimum level of fitness. I am aware of and assume all of the inherent risks and hazards related to participation, including common events, some possible serious events and possible catastrophic events. Some possible consequences of these inherent risks include, but are not limited to: scrapes, bruises, cuts, joint trauma, broken bones, other muscular-skeletal injury, paralysis and/or death of any nature whether severe or not, temporary or permanent. I know, appreciate, and understand the risks involved with participation and **I hereby voluntarily and willingly assume responsibility for all risks and dangers associated with my participation in the activity.**

Waiver of Negligence: In consideration of my participation in the YCP Alumni 5K and Fun Run, **I the undersigned, and on behalf of myself, my spouse, heirs, representatives, executors, administrators, and assigns agree to forever release**, York College of Pennsylvania, its employees, instructors, volunteers, and agents **from any cause of action, claims, losses or demands of any kind, nature, and description whatsoever**, including but not limited to ordinary negligence, which I or my spouse, heirs, representatives, executors, administrators, and assigns may now have, or have in the future against York College of Pennsylvania, its employees, instructors, volunteers, and agents on account of personal injury, bodily injury, property damage, death, or accident of any kind, arising out of or in any way related to my participation.

Indemnification: I, the undersigned, covenant not to sue and agree to indemnify and hold harmless York College of Pennsylvania, its employees, instructors, volunteers, and agents **against any liability for, but not limited to, costs, losses, damages, judgments, legal fees, court fees, and investigative fees incurred or arising or in any way related to any injury sustained by me or incurred by a third party as a result of my negligent act or omission, gross negligence or willful conduct.** **I also agree to hold harmless** York College of Pennsylvania, its employees, instructors, volunteers, and agents for any claims or liability made by myself, a parent or others arising out of injury, as well as claims of coparticipants, rescuers, and others **arising from or in any way related to my participation in the YCP Alumni 5K and Fun Run.**

Legal Considerations: If, at any time, any part of this liability release is deemed to be void, it will have no effect on the remainder of the agreement. I also understand that this release supersedes any and all previous agreements and releases, both written and oral.

Health & Safety Precautions: I understand that York College of Pennsylvania recommends consulting a physician prior to participation in any physical activity and that by signing this form, I certify that I am in good health and have no physical condition that would prevent my participation in this activity, such as but not limited to, asthma, diabetes, epilepsy, or heart problems. Also, by signing this release, I am authorizing emergency medical care when necessary to include, but not limited to, first aid, CPR, use of an AED, emergency transport, and agree that I will assume all costs involved. I also agree to follow all safety rules and instructions and inform supervisors of any conduct or condition that might endanger myself or others.

I, the undersigned, have read this release and fully understand its terms and conditions. I understand that by voluntarily signing this form, I fully release York College of Pennsylvania, its employees, instructors, volunteers, and agents of liability for injury or loss and relinquish substantial legal rights, including the right of financial recovery.

Print Full Name _____

Signature _____ Date _____

Print Full Name (parent or legal guardian) _____

Signature (parent or legal guardian) _____ Date _____

Must be signed by parent or legal guardian if participant is under 18 years of age.