



The Eastview Scholarship 5K

Saturday, July 13, 2013

Presented by the **McKeen Family** and hosted by Eastview's **National Honor Society**

Eastview High School, Apple Valley, MN

Official Entry Form

Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Email: _____

Phone: _____ Gender (M/F): _____ Age: _____ T-shirt size (adult?) _____ (child?) _____

5K Race: \$25 Pre-registration / \$30 Race Day * Fee includes a commemorative t-shirt.

Kids' Fun Run: \$5 Pre-registration / \$10 Race Day * Fee includes a commemorative t-shirt

Awards will be for the overall male and female for the kids' runs
and for the top male and female in 10 year age categories for the 5K.

Mail registration form with entry fee to:

Scholarship 5K
4047 Camberwell Drive N
Eagan, MN 55123

Mail-in registration postmarked by Saturday, July 6th

Online registration is available until midnight on Wednesday, July 10th

Race Day Registration and Packet Pick-up begin at 7:00 a.m.

You may register online at www.active.com

Race start/finish NEAR the Eastview Stadium. Course is a flat loop on mostly tar path.

Kids' Run starts at 8:00 a.m. * 5K Race starts at 8:15 a.m.

Questions: contact Mary Anderson at mary@andersonraces.com or 651-688-9143

ALL PARTICIPANTS IN THE SCHOLARSHIP 5K ARE REQUIRED TO ASSUME ALL RISK OF PARTICIPATION IN THE EVENTS BY SIGNING THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT: The undersigned athlete (Athlete) and on behalf of Athlete's personal representatives, assigns, heirs, and executors, fully and forever releases from all liability, including negligence, Scholarship 5K, Eastview High School and National Honor Society, all municipal agencies whose property or personnel are used, all other sponsoring or co-sponsoring companies or individuals related to the Events, and their respective employees, agents, volunteers, representatives and affiliates (collectively the Releasees). Athlete and on behalf of Athlete's personal representatives, assigns, heirs and executors waives the right to sue Releasees for all losses and damages that arise from any injury to Athlete or Athlete's property or resulting in Athlete's death in connection with the Athlete's participation in the Events including but not limited to losses or damage caused by the negligence of all or any of the Releasees, the negligence of others, weather conditions or otherwise, and also including any pre or post-race activities and any programs and/or giveaways conducted at the events and/or activities by a sponsor or other third party. The Athlete warrants that Athlete is in good physical condition and is able to safely participate in the Events. The Athlete is fully aware of the risks and hazards inherent in participating in the Events, including the possibility of serious physical trauma, injury or death, and elects to voluntarily compete in the Events knowing such risks. The Athlete agrees to the use of Athlete's name and photographs in broadcasts, newspapers, magazines, brochures, and other media without compensation. The Athlete acknowledges that the entry fee is non-refundable and non-transferable. The Athlete grants to the Director of the Events, and the Apple Valley Fire Department and its agents, affiliates, and designees access to all medical records (and physicians) as needed and authorize medical treatment as needed. The Athlete acknowledges that Scholarship 5K and Eastview National Honor Society has the right to alter, change, cancel and/or postpone any of these events as a result of circumstances that would affect or impact the event which are beyond their control. The Athlete warrants that all statements made in this release agreement are true and correct and understands that Releasees have relied on them in allowing Athlete to participate in the Events. **ATHLETE HAS READ THE FOREGOING, UNDERSTANDS ITS CONTENTS AND INTENTIONALLY AND VOLUNTARILY CERTIFIES COMPLIANCE BY ACCEPTING THIS WAIVER.**

IF ATHLETE IS UNDER AGE 18: I am the parent or guardian of the participant and I certify that my son/daughter has my permission to participate in the SCHOLARSHIP 5K. I have read and I understand the foregoing RELEASE AND WAIVER OF LIABILITY AGREEMENT (above) and by signing below intentionally and voluntarily agree to its terms and conditions and agree that its terms shall likewise bind me, my child, and our heirs legal representatives, and assignees. I further certify that my son/daughter is in good physical condition and is able to safely participate in the Events. I hereby authorize medical treatment for him/her and grant access to my child's medical records as necessary.

Signature: _____ date: _____

Parent signature (if under 18) _____ date: _____