



Run/Walk Registration Form

Name:

Date of Birth:

\$ Amount Enclosed:

Email:

Phone:

Emergency Contact:

Address:

T-shirt Size (*circle one*):

Youth S M L
Adult XS S M L XL

I am a current Antioch student (*circle one*): Y N

How will you participate (*circle one*)?

Walker

Runner

Recognizing the possibility of physical injury associate with athletic activities, I hereby agree to release, discharge and/or otherwise indemnify Antioch College Corporation, its trustees, officers, directors, employees and volunteers ("Released Parties"), from and against any claims, losses, costs, liabilities and expenses (including but not limited to attorneys' fees) relating to bodily injury (including death) and/or property damage which I may suffer or claim to suffer at The Peaceful Movement 5k event. This release is provided in consideration of the privilege in participating in said activity. This release is intended to explicitly and specifically release the Released Parties from their own negligence, be it active, passive or gross, or alleged as thus. This release is further intended to cover all derivative claims which arise or may arise out of any events, losses or claims which may arise hereunder.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability for myself and the dependents (under the age of 18) listed below to the greatest extent allowed by law.

Signature:

Date:

(Must provide a parent/guardian signature if under the age of 18)

Please make checks payable to Antioch College.
Cash/check payments can be turned in by hand, or mailed to:
Attn: Chelsea The Wellness Center at Antioch College
One Morgan Place
Yellow Springs, OH 45387