

7th Annual Glio-Blastoff 5K Run/Walk - Saturday, May 8, 2010

To participate in this event you must send in this completed entry form along with your entry fee. Preregistration before Feb. 28 is \$20, between Feb. 28 –April 23 \$25 and April 23-May 6 is \$30. Onsite registration is \$30. All event information can be found on the event website: www.braincancer5k.com Event location: Eastern Michigan University in University Park.

Last Name: _____ First Name: _____

Street Address: _____ City: _____ State: _____

Zip Code: _____ Phone: (____) _____ Gender: M F

Age on Race Day: _____ Email: _____

This event has ChampionChip timing. If you have your own chip, put the chip number here: _____

T-shirt Size: (circle one) S M L XL

Runner Walker Individual Team If a team fill out information below:

Team Name: _____ In Honor of: _____

Payment: (please circle one) Check or Money Order

Make checks payable to: The American Brain Tumor Association

*Please do not send cash if mailing in entry fee.

Participant Application Waiver

I know that running/walking and volunteering to work in this event are potentially hazardous activities. I should not enter and run in the Glio-Blastoff Run/Walk on Saturday, May 8, 2010 unless I am medically able and properly trained. I agree to abide by any decision of an event official relative to my ability to safely complete the run/walk. I assume all risks associated with running and volunteering to work in this race including, but not limited to, falls, contact with other participants, the effects of the weather, including heat and/or humidity, the conditions of the road and traffic on the course, all such risks being know and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application to be a participant, for myself and anyone entitled to act on my behalf, waive and release the event director and it's officers and agents, all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

I grant the permission to all the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

I understand that bicycles, skateboards, baby joggers/strollers, roller skates, or inline skates, animals, and radio headsets are not allowed in this event, and I will abide by this guideline.

Participant Signature

Date

Parent/guardian if Participant is under 18 years of age

Date

EMU Assumption of Risk Release

I, _____, who resides at _____ in consideration for my being allowed to participate and run/walk in the Glio-Blastoff 5K Run/Walk, which will be held on Eastern Michigan University's (EMU) campus on May 8, 2010, and fully understanding and appreciating that participation in this event carries risk to me of serious injury, including death, hereby voluntarily and knowingly recognize, accept and assume this risk and, further, I do for myself, my heirs, and personal representative, hereby agree to defend, indemnify, hold harmless, release, and forever discharge EMU, it regents, officers, employees, students and agents from and against any and all claims, liabilities, demands, personal injury, or death which may result from my participation in the event. IN WITNESS WHEREOF, I have caused this "Assumption of Risk and Release" statement to be executed this ____ day of _____, 2010.

Signature

Printed Name: _____

Parent/guardian if Participant is under 18 years of age

Date

Printed Name: _____

Mail this form to:
Glio-Blastoff 5K Run/Walk
101 Canfield Drive
Mt. Clemens, MI 48043

