



# HOLT COMMUNITY FOUNDATION

**5<sup>th</sup> Annual Run / Walk**    **SUNDAY, AUG 18, 2019**  
*Race begins (9am) and ends at BUDDIES in the Holt Plaza*

**Awards:** Medals are only given to 1st Place winners of each age group, male and female, for each event.

**Age Groups:** 12 & under, 13-14, 15-19, 20-29, 30-39, 40-49, 50-59, 60+

**Entry Fee:**     or   

**Registration:** Make check payable and mail to: Holt Community Foundation, 6419 Beecher Rd., Flint MI 48532

**Packet Pickup:** Race Day ONLY from 7am until 8:45am

**Proceeds will go to:** The Holt Community Scholarship Funds (includes H.O.L.T. Scholarship) benefitting Holt Students

*Please complete EVERYTHING below the dotted line and sign this form, thanks!*

\_\_\_\_\_  
**LAST NAME**                                      **FIRST NAME**                                      **PRIMARY PHONE #**

\_\_\_\_\_  
**STREET ADDRESS**                                      **CITY / STATE / ZIP**                                      **EMAIL**

**Gender:** (Circle one)    **M**    **F**                                      **Age on Race Day** \_\_\_\_\_

**Shirt Size:** (Circle one)    **S**    **M**    **L**    **XL**    **2XL**    **3XL**

**Entry Fee:**     or   

**PLEASE CIRCLE THE RACE YOU ARE RUNNING HERE → → →**    **1 MILE**                      **5K**                      **10K**

**Disclaimer:**

In consideration of participating in **THE HOLT COMMUNITY RUN/WALK** and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence **THE HOLT COMMUNITY FOUNDATION** and its owners, directors, officers employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows: 1. I acknowledge that **THE HOLT COMMUNITY RUN/WALK** involves known and unanticipated risks that could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, physical activities; actions that might result in injury; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity. 2. I expressly accept and assume all the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation. 3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs. 4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition that could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition. 5. In the event that I file a lawsuit, I agree to do so solely in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply. 6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect. By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released based on any claim for negligence. I have had sufficient time to read this entire document and, should I choose to, consult with legal counsel prior to signing. I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. I have read and understood this document and I agree to be bound by its terms.

**SIGN HERE**

\_\_\_\_\_  
Participant's Signature                                      \_\_\_\_\_ / \_\_\_\_\_ / 2019  
Parent's Signature if under 18                                      Date Signed

**Make check payable to and mail to: Holt Community Foundation, 6419 Beecher Rd., Flint MI 48532**

Waiver: By submitting this entry form, I hereby, for my heirs, my executors, and myself waive and release all rights and claims for damages I may have against the Holt Community Foundation. I have read and agree to all disclaimers made by the Holt Community Foundation on this form.