Paid _____ (Cash / Check made out to Scheurer Hospital)

Race Number_____

Scheurer Healthcare Network
Cheeseburger Fun Run 5k Race
Registration Form 2015

Name

Address

City State Zip

Gender (circle) M F Age _____ Division (circle) Walk Run

Shirt Size (circle) S M L XL XXL

Release and Hold Harmless Agreement (Read carefully and sign below)

In consideration of the Caseville Chamber of Commerce, Scheurer Healthcare Network, the City of Caseville and the Caseville Harbor Commission, Huron County Parks permitting me to participate in Cheeseburger Fun Run 5k Race, I, the undersigned, do hereby agree to assume all risk and liability associated with my participation in this event. I recognize and acknowledge that such risks of participation in an outdoor race include, but are not limited to, personal injury and property damage due to crowds, vandals, traffic, inclement weather conditions, including rain, hail, lightening and wind, as well as losses related to theft. On behalf of myself, my heirs, successors and assigns, I do further agree to release, hold harmless and indemnify the Caseville Chamber of Commerce, its members, Scheurer Healthcare Network, the City of Caseville, the Caseville Harbor Commission, the Huron County Parks and its officials, employees, agents and volunteers from any and all liability or responsibility whatsoever for injury (including death) to persons, for any damage to any City and/or Harbor and/or County property, or the property of others, arising of, or resulting from, my participation in the 2015 event. I do hereby waive, release and discharge the Caseville Chamber of Commerce, its members, Scheurer Healthcare Network, the City of Caseville, Caseville Harbor Commission, Huron County Parks, and its officials, employees, agents and volunteers from any and all claims, demand, actions, damages, and liabilities resulting or arising directly or indirectly out of my participation in the 2015 Cheeseburger Fun Run 5k Race. I also release with this signature the use of all photos, videos, and Internet publications for the use of Scheurer Healthcare Network, the Caseville Chamber of Commerce and its members.

Agreed to this 15th day of August, 2015.

Signature _____

(If under 18 years, signature of guardian)