



Presented by



JUNE 19, 2016 PARTICIPANT ENTRY FORM

Register online at http://www.blackthorngolf.com/symetra_5k.htm

First Name: _____ Last Name: _____

Gender: M F Age: _____ Birthday (MM/DD/YYYY): _____ Event: FUN WALK 5K

Shirt Size: Women's S M L XL XXL | Men's S M L XL XXL
(Shirts are not guaranteed for late registration.)

Email: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Emergency Contact Name & Phone #: _____

Cost of Registration: 5K-\$25 | Fun Walk-\$20 Late Registration*: 5K-\$30 | Fun Walk-\$25

*Mail-in registration closes on June 12; online registration closes on June 16 at 4:00 p.m.; and on-site (late) registration is only available on June 18 (12:00-4:00 p.m.) and June 19 (6:30-7:00 a.m.).

Cash: \$ _____ Check No. _____ \$ _____ Make checks payable to: Blackthorn Golf Club

Mail payment to: Blackthorn Golf Club | Attn: Four Winds 5K | 6100 Nimitz Parkway | South Bend, IN 46628

Credit Card Visa Mastercard American Express Discover

Name as It Appears on Card: First Name _____ Last Name _____

Credit Card Number _____ Expiration Month/Year _____ Code _____

WAIVER, RELEASE, AND PARTICIPATION AGREEMENT - READ BEFORE SIGNING:

I appreciate and assume all risks (known and unknown) of participating in the Four Winds 5K, such as personal injury/disability (whether temporary or permanent), death, falling, contact and/or interaction with others, poor conditions of the course, extreme heat, storms, weather, and/or vehicular traffic. I warrant that I (and/or any individual for whom I am registering) am sufficiently able to participate (as determined by a medical doctor) and realize that all participants are solely responsible for their own safety. With this knowledge, and for valuable consideration (including acceptance of this registration), I, for myself, the registrant, and/or any individual for whom I am the guardian, and all heirs, family members, agents, executors, assigns, and all other associated persons and/or entities, COVENANT NOT TO SUE, WAIVE ALL CLAIMS AGAINST, AND RELEASE all individuals and entities affiliated with the Four Winds 5K, including (but not limited to) its sponsors, contributors, planners/organizers, marketing team, operators, managers, committee members, and volunteers, as well as the Four Winds Invitational Committee, Four Winds Casino, Blackthorn Golf Course, The City of South Bend, Memorial Children's Hospital, and all respective officials, agents, representatives, officers, directors, members, attorneys, successors, and assigns (collectively the "Released Parties"), jointly and severally, from all actions, suits, causes of action, claims, costs (including attorneys' fees) and/or demands, whether caused by the negligence of any or all of the Released Parties, any third-party(ies), or otherwise, foreseen or unforeseen, arising from and/or related to participation in the Four Winds 5K (including, but not limited to, all incidents thereto, the above-referenced risks, and demand(s) for refunds/damages in the event of cancellation/delay). If such a claim is brought, and/or if I registered for another participant without being duly authorized to do so, I (and/or my heir(s), estate, guardian(s), executor(s), administrator(s) or similar claimant(s), as the case may be) will indemnify the Released Parties for such claim(s) (including reasonable attorneys' fees). The name, age, finishing time, image, and/or likeness of each participant may be used in photographs, videos, advertising, publicity, record-keeping, and for similar purposes, without notice or compensation. The construction of this Waiver and Release (which I have reviewed and understand) will be pursuant to Indiana law. The terms "participant" and "participating" (and all variations thereof) shall be broadly interpreted, and include, without limitation, each registrant, whether a runner, walker, or volunteer, and the activities of running, walking, and/or volunteering (as the case may be). If any portion of this Waiver and Release is deemed to be void, the parties agree to modify it such that it is enforceable to the closest effect allowed under law to its original form. If such a provision cannot be modified, it is severable and the remaining portion(s) will remain in full force and effect.

I UNDERSTAND THE ABOVE AND I, INDIVIDUALLY AND/OR ON BEHALF OF THE PARTICIPANT, VOLUNTARILY AGREE TO THIS WAIVER AND RELEASE.

Signature of Participant: _____ Date _____

Signature of Parent/Guardian if under 18 Years: _____ Date _____