

IUP College Lodge Trail Run

239 College Lodge Rd, Indiana, PA 15701

5K * 10K * 10K Relay

Saturday, September 23, 2017



An event open to the public hosted by the IUP swimming team and Cowburn & Keppich Optometrist



IUP College Lodge: A mere three miles from the IUP campus and downtown Indiana, the Co-op Park is approximately 270 acres of beautiful woodlands and fields.

Course: A 5K loop through the woods surrounding IUP's college lodge park. 10K/10K relay participants will run two loops, one loop clockwise and their second loop counter clockwise.

Race Start Times: 10K individual - 9:00 AM * 10K Relay - 9:30 AM * 5K Individual - 9:45 AM

Registration Fee: \$20 early registration/ \$25 race day registration (shirt not guaranteed)

Race Day Registration: College Lodge Building - 7:00 AM

Awards: Overall 1st place male/female finishers for each race category will receive medals.

For safety and insurance reasons, no strollers, or dogs are permitted. Headphones are discouraged.

Make checks payable to: Student Coop Association#11866

Mail To: Chris Villa, 660 south 11th St, Indiana PA 15705

NAME _____ BIRTH DATE ___/___/___ PHONE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
AGE RACE DAY _____ SEX: M ___ F ___ SHIRT SIZES: S ___ M ___ L ___ XL ___
E-mail address: _____

WAIVER: My signature on this entry releases all sponsors or individuals from any and all liability which may result from this event.

SIGNED _____ DATE: ___/___/___
(PARENT OR GUARDIAN SIGNATURE IF UNDER 18 YEARS OF AGE)

EMERGENCY CONTACT _____ PHONE _____

FOR MORE INFORMATION CALL: 724-357-2779

Participant's Name: _____

INDIANA UNIVERSITY OF PENNSYLVANIA

Name of Class or Activity: _____

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in Description of Class or Activity including date(s): _____

hereinafter called "the Activity," the undersigned, for himself/herself, his/her heirs, personal representatives or assigns, **does hereby release, waive, discharge, and covenant not to sue** Indiana University of Pennsylvania, or the State System of Higher Education, part of the Commonwealth of Pennsylvania, or their officers, employees, and agents from liability **from any and all claims including the negligence of Indiana University of Pennsylvania, its officers, employees or agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in the Activity.

The undersigned understands the description of the Activity above may be changed without notice and that Indiana University of Pennsylvania will provide no compensation for any expenses or losses incurred due those changes.

Signature of Parent/Guardian of Minor Date Signature of Participant Date

Assumption of Risks: Participation in the Activity may involve travel or other activities that carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries.

Health Care Authorization: The undersigned hereby authorizes Indiana University of Pennsylvania and its employees and agents to perform any acts which may be necessary or proper to provide emergency health care to a participant in the Activity in the event the parent/guardian and/or emergency contact cannot be reached. This authorization includes consent to and authorization of medical procedures by qualified, licensed physicians, dentists, hospital or other emergency medical personnel, as they, in the exercise of their profession and in their sole discretion, may deem necessary. The undersigned understands that (s)he is responsible for all costs and expenses of such medical treatment.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD Indiana University of Pennsylvania and the State System of Higher Education HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney fees brought as a result of my involvement in the Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the Commonwealth of Pennsylvania and will be interpreted under such and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue to full legal force and effect.

Acknowledgement of Understanding: The undersigned has read this waiver of liability, assumption of risk, and indemnity agreement, fully understands its terms, and **acknowledges and understands that substantial rights are being given up, including the right to sue.** The undersigned acknowledges that he/she is signing the agreement freely and voluntarily, he/she is assuming all risks voluntarily and **intends by his/her signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law.**

Signature of Parent/Guardian of Minor Date Signature of Participant Date

Participant's Age (if minor) _____

Contact Information

[Parent/Guardian] _____

[Emergency Contact] _____