



Date & Location
 August 19th, 2017
 Lawrence Park
 5301 N. Franklin Rd.
 Lawrence, IN 46226

My School Color Run Entry Form for MPLT Members Only

Return to performing arts office at LN or LC

Students Name _____

Address _____ **Zip** _____

Phone _____ **Sex** M or F _____ **Age** _____

Tshirt (circle size) small medium large x large 2XL 3XL

1 MPLT Member race fee \$12

Optional extra color packet \$4 each _____ **qty= \$** _____

Total amount due \$ _____

Signature _____ **Date** _____

Student performer payment due no later than July 31, 2017

Note: For the safety of all participants, strollers, skateboards, scooters, and skates of any kind are prohibited in this event. Waiver of Liability: In consideration of my entry being accepted, I waive any and all claims for myself, my administrators, and my heirs against all officials, sponsors, and organizations connected with the myschoolcolorrun Fun Run/Walk for injury or illness that may directly or indirectly result from my participation in this event. I agree that My School Color Run, LLC may use photographs of me taken at the event for any lawful purpose including publicity, illustration advertising, and web/social content. I attest that I have full knowledge of the risks involved in this event, and am physically fit and sufficiently trained to participate in this event.

WARNING: READ THIS PROGRAM/EVENT WAIVER AND RELEASE OF LIABILITY AGREEMENT (THE "AGREEMENT") CAREFULLY. THIS AGREEMENT INCLUDES A RELEASE OF LIABILITY AND WAIVER OF LEGAL RIGHTS. BE AWARE THAT BY EXECUTING THIS AGREEMENT AND PARTICIPATING IN THIS PROGRAM/EVENT, YOU WILL BE EXPRESSLY ASSUMING THE RISK AND LEGAL LIABILITY, AND WAIVING AND RELEASING ANY CLAIMS FOR INJURIES, DAMAGES, OR LOSS WHICH YOU MIGHT SUSTAIN AS A RESULT OF ANY ACTIVITIES CONNECTED WITH PARTICIPATION IN THE PROGRAM/EVENT. DO NOT SIGN THIS AGREEMENT UNLESS YOU HAVE READ IT IN ITS ENTIRETY. SEEK THE ADVICE OF LEGAL COUNSEL IF YOU ARE UNSURE OF ITS EFFECT. Warning of Risks and Assumption of Risks. Participation in the Program/Event may challenge and engage your physical and mental resources. You should not participate in the Program/Event if you have any health conditions affecting your ability to participate. You should seek advice from your physician before participating in the Program/Event. There is always a risk of injury when participating in exercise activities and, understandably, not all hazards and dangers can be foreseen. Participation in the Program/Event may involve inherent risks, dangers and hazards, which may occur without warning, or be due to poor skill level, lack of conditioning, carelessness and other unforeseen, unidentified or unexpected perils inherent in physical activities. By execution of this Agreement, I acknowledge that I understand the risk and danger of accidents, physical injury, effects of exercise, and the unpredictable nature of the human body and the activities inherent in the nature of the Program/Event. I acknowledge that I am a voluntary participant in this Program/Event, and in good physical condition. I further acknowledge that physical exercise and participation in this Program/Event will challenge and engage my physical resources. I have either visited with my physician and received doctor's advice and consent to my exercise program or have waived such advice and consent of my doctor, and accept any and all risks. Waiver, Release and Indemnification. I UNDERSTAND AND ACKNOWLEDGE THAT NEITHER THE SPONSOR OR ANY OF ITS AFFILIATES ARE INSURERS OF MY CONDUCT AND SAFETY. I KNOW THAT THIS EVENT IS A POTENTIALLY HAZARDOUS ACTIVITY AND I HEREBY ASSUME FULL AND COMPLETE RESPONSIBILITY FOR ANY INJURY OR ACCIDENT WHICH MAY OCCUR DURING MY PARTICIPATION IN THIS EVENT. TO THE FULLEST EXTENT PERMITTED BY LAW, I HEREBY RELEASE, WAIVE, HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST THIS EVENT, THE SPONSOR AND ANY AFFILIATED INDIVIDUALS OR ENTITIES ASSOCIATED WITH THIS PROGRAM/EVENT (INCLUDING ALL TRUSTEES, DIRECTORS, MANAGERS, OFFICERS, EMPLOYEES, VOLUNTEERS, AGENTS AND REPRESENTATIVES OF THE SPONSOR) (THE "RELEASEES") FROM ANY AND ALL LOSSES, DAMAGES, LIABILITIES OR OTHER CLAIMS AND CAUSES OF ACTION WHATSOEVER THAT I MAY HAVE ARISING OUT OF MY PARTICIPATION IN THIS EVENT, INCLUDING PERSONAL INJURY, DEATH OR DAMAGE SUFFERED BY ME, MY PERSONAL PROPERTY OR OTHERS, WHETHER THE SAME BE CAUSED BY FALLS, CONTACT WITH OTHER PARTICIPANTS, CONDITIONS OF THE COURSE, NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I AGREE THAT, IN THE EVENT ANY PERSON BRINGS ANY CLAIM OR ACTION INDIVIDUALLY OR ON MY BEHALF, RELATED TO ANY INJURY OR LOSS SUFFERED BY ME AS A RESULT OF MY PARTICIPATION IN THE EVENT, THAT I WILL INDEMNIFY THE RELEASEES AGAINST SUCH CLAIMS, INCLUDING THE PAYMENT OF ATTORNEY FEES. I AGREE THAT THIS AGREEMENT SHALL BIND MY GUARDIAN, ASSIGNS, HEIRS, ADMINISTRATORS AND EXECUTORS FOREVER.