



REGISTRATION FORM(S)
Joetown Classic 5K Run/Walk
Saturday, October 5
Hillcrest Academy | Kalona, IA

Registration/Check-in 9:30 AM
5K Walk/Run 10:00 AM

PLEASE FILL OUT ONE FORM PER PARTICIPANT

Name _____

Gender: M F Age _____

Street _____

City _____ State _____ Zip _____

Email _____ Phone _____

REGISTRATION FEE : Adult and Student \$30

NOTE: Registration fee is \$35 the day of the event

Mail Registration Form (one per person) with fees (checks payable to Hillcrest Academy) to:

Hillcrest Academy

1421 540th St SW

Kalona IA 52247

Questions can be sent to jours@hillcrestravens.org

GENERAL ASSUMPTION OF RISK, WAIVER OF LIABILITY, RELEASE, AND COVENANT NOT TO SUE

Medical Evaluation I certify that I am in good physical condition, am able to participate and assume the risks related to participation in the "EVENT". I understand that it is advisable to obtain medical evaluation and my doctor's approval prior to initiation of the EVENT.

Potential Risks and Hazards I understand that general or physical activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from (1) minor injuries such as scratches, bruises, and sprains, to (2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions, to (3) catastrophic injuries including paralysis and death.

Voluntary Participation I am fully aware of the risks and hazards connected with participation in the EVENT, whether specifically listed here or not, and I hereby voluntarily elect to participate in the EVENT, knowing that doing so may be hazardous to my person and property. I understand that if I have questions about possible hazards, it is my responsibility to seek additional information.

Assumption of Risk, Waiver of Liability, Release, and Covenant Not To Sue In consideration for being permitted to participate in the EVENT, I voluntarily agree for myself, my family, heirs, executors, and administrators to the following:

1. TO ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, OR PERSONAL INJURY, INCLUDING DEATH that may be sustained by me, or any loss or damage to property owned by me, as a result of participation in the EVENT.
2. TO RELEASE, WAIVE, HOLD HARMLESS, DISCHARGE, AND COVENANT NOT TO SUE Iowa Mennonite School, its faculty, staff, or event coordinators (hereinafter referred to as "releases") from any and all liability, claims, actions, demands, expenses, attorney fees, breach of contract actions, breach of statutory duty or other duty of care, warranty, strict liability actions, and causes of action whatsoever, that I might now have or may acquire in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in the EVENT including, but not limited to, any claim that the act or omission complained of was caused in whole or in part by the negligence or carelessness of the releases.

Acknowledgment & Compliance with Rules I acknowledge that I have been made aware of and afforded the opportunity to review any rules and conduct governing my participation in the EVENT, and I agree that I will fully comply with these rules and regulations.

Acknowledgement of Understanding In signing this Release, which consists of two (2) pages, I acknowledge and represent that I have read both pages of the document in full, that I understand it and sign it voluntarily, and that this document constitutes the entire agreement, and that any oral representations, statements, or inducements apart from the foregoing written document shall not be considered a part of this agreement, and that I execute this Release for full, adequate, and complete consideration fully intending to be bound by the same.

I further certify that I am at least eighteen (18) years of age and fully competent.

Name: _____ Date: _____

Signature: _____