**Sophomore 5k Annual Fun Run/Walk: Nov. 4, 2023**

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First Name Last Name

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City State

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Email Address (for race communication only)

\_\_\_\_\_\_\_\_\_\_\_S\_ \_\_M\_ \_ L\_\_\_XL\_\_\_\_\_\_\_\_\_\_\_\_ S M L XL

**Adult T-shirt Size Youth T-shirt Size**

*Event Pricing:* ***$20.00***

**Amount Enclosed: US $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mail-In Deadline: Must be postmarked by Monday, Oct. 23! (Race fees are non-refundable.)**

*Make check (no credit cards allowed) payable in US$ to:* ***Immanuel Student Funds*** *and send with registration form to:*

*Sophomore 5k*

*℅ Immanuel Lutheran School*

*421 N 2nd Street*

*Mankato, MN 56001*

**Accident Waiver and Release of Liability**

I acknowledge that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I certify that I am physically fit, have sufficiently trained for participation in this race, and have not been advised otherwise by a qualified medical person. I also know that there may be traffic on the course route and I must watch for vehicles at intersections and on the roads. I also understand that there is no guardrail along the river trail and that I must be careful of other runners and pedestrians on the trail. I hereby assume any and all risks associated with participating in this event including but not limited to death or personal injury resulting from medical conditions and/or emergencies, falls, contacts with other participants, the effects of weather including high heat/humidity or unusual cold, the condition of the roads and trails, and contact with vehicles. I recognize that if I choose to wear a portable listening device during the race it may create a distraction which may increase my risk of injury. Knowing these facts, and in consideration of your acceptance of my entry fee, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive, release, and discharge Sophomore 5k and Immanuel Lutheran Church and School (including its directors, officers, shareholders, employees, agents, and assigns), any affiliate, subsidiary or parent company of Immanuel Lutheran Church and School, any organization associated with the race, the local government and police, volunteers, and any and all sponsors of the race including their agents, employees and assigns, from any and all claims or causes of action (known or unknown, foreseen or unseen) for death, personal injury or property damage of any kind or nature including those arising out of my participation in this race and all other events and activities associated with this race. I give permission for medical team evaluation, treatment, and transfer to an emergency facility if needed. I agree that race officials have the right to remove me from the race and related activities if they are of the opinion that it is in my best interest or the best interest of Immanuel Lutheran Church and School that I be removed. I understand that at this event I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and/or their assigns. This Waiver shall be construed broadly to provide release and waiver to the maximum extent permissible under applicable law. **I hereby certify that I have read this document and I understand its content.**

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Participant Signature Date

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Parent/Guardian Signature (if under 18) Date