

3rd Annual Sig Alph 5K

~Sunday April 25th ~10 a.m. ~ Worcester, Ma~

To register: mail a completed application or register online @ <http://www.saemade.com/5k2010.php>

Name

Gender M

F

City Date of Birth ____ / ____ / ____

Address

State

Zip Code

Telephone (____) ____ - ____

Email _____

Shirt Size (circle one*) Small Medium Large

* Guaranteed if registered by April 11th

Release

For good and valuable consideration, including PARTICIPANTS being permitted to participate in the Sigma Alpha Epsilon ROAD RACE ("EVENT") to be held on April 25 Worcester, Massachusetts, I the undersigned participant ("PARTICIPANT") and I, the undersigned Parent or Guardian ("PARENT" or "GUARDIAN") (where applicable) for myself, my successors, heirs, assigns, executors and administrators forever release and discharge Sigma Alpha Epsilon Mass Delta Chapter, its National Chapter, Fraternity Officers, Worcester Polytechnic Institute, Administrators any and all sponsors (collectively, the "SPONSORS") of the EVENT from all claims, causes of actions, costs and judgments that I now or hereafter may have or claim to have against the SPONSORS for personal injuries, including death, and damages to property, real or personal, caused by or arising out of PARTICIPANT'S involvement in the EVENT. I further agree to and do hereby assume any and all risks of personal injuries to PARTICIPANT, including death and all such damages to PARTICIPANT'S property, real or personal, caused by or arising out of PARTICIPANT'S involvement in the EVENT. I further agree for myself, my successors, heirs, assigns, executors and administrators to indemnify and hold SPONSORS harmless from all claims and suits for personal injuries, including death, and damages to property, real or personal, caused by PARTICIPANT'S act or omission and arising out of PARTICIPANT'S involvement in the EVENT, and from all judgments and costs recovered in said claims and suits and from all expenses incurred in defending said claims or suits. I further agree that PARTICIPANT'S photographs, pictures, slides and movies taken or made by SPONSORS in connection with PARTICIPANT'S involvement in the EVENT, or any reproduction of the same, as well as PARTICIPANT'S name, may in any manner be used by SPONSORS or by any person, corporation, partnership or associations authorized by SPONSORS. I warrant that PARTICIPANT is in good health and has no physical condition that would prevent PARTICIPANT from participation in the EVENT I HAVE READ AND UNDERSTAND THE FOREGOING RELEASE AND SIGN IT VOLUNTARILY.

_____ Signature of Participant ____ Initials indicating release form read

_____ Signature of Parent or Guardian (If Participant is a minor)

Please enclose check payable to Sigma Alpha Epsilon. \$20 if received by April 11th, \$25 after April 11th
Mail to: CS committee, 6 Humboldt Avenue, Worcester Massachusetts 01609

Cash Prizes (Male and Female Divisions): 1st Place \$50, 2nd Place \$25