



FROZEN FOOT 5K RUN/WALK

SUNDAY, FEBRUARY 21ST 2010 REGISTRATION FORM

LAST NAME: _____ FIRST NAME: _____
 SEX: _____ DATE OF BIRTH: _____ RACE DAY AGE: _____
 PHONE: _____ E-MAIL: _____
 ADDRESS: _____ CITY: _____ STATE: _____
 PAYMENT METHOD: CASH _____ CHECK _____
 CHECK NUMBER : _____ (MADE OUT TO CU TRI TEAM)

PLEASE CHECK THE BOX BELOW: RUN **WALK** **T-SHIRTSIZE** (CIRCLE ONE)

- \$14 Bare-Bones (No T-Shirt) STUDENTS valid thru: February 2 – February 20 **S**
- \$17 Customary Entry (T-shirt) STUDENT February 2 – February 20 **M**
- \$20 Race Day (No T-Shirt) STUDENTS valid thru: February **L**
- \$15 Bare-Bones (No T-Shirt) valid thru: February 2 – February 20 **XL**
- \$20 Customary Entry (T-shirt) February 2 – February 20
- \$25 Race Day (No T-Shirt) valid thru: February 21

****\$3 OFF each entry on teams of 10+ TEAM NAME:** _____

****Teams must mail all registrations in *one* envelope to receive the \$3 discount**

TIME: Race goes off at 9 a.m. RAIN or SHINE!

LOCATION: CU Main Campus, Duane Physics. Located at 2000 Colorado Ave.

HELP SEND THE CU TRIATHLON TEAM TO 2010 COLLEGIATE NATIONALS!! 75% OF RACE PROCEEDS GO TO CU TRI TEAM

PLEASE READ AND SIGN WAIVER: I exercise my own free choice to participate in the above designated Activity. **I understand and assume all associated risks. I agree to assume all risk of personal injury or loss, bodily injury (including death), damage to or loss or destructions of any personal property occurring in connection with or arising out of participation in the Frozen Foot 5K.** I hereby release and discharge, indemnify and hold harmless University of Colorado, Racing Underground, and their member officers, agents, employees and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against all claims, demands, costs and expenses, and causes of action whatsoever, either in law or equity, arising out of or in any way connected with any loss and/or bodily injury and/or disability, arising from my participation in the Activity. I have read this document and understand it's contents. PARENT/GUARDIAN WAIVER FOR MINORS (Under 18 years old) The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of a defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian. In the event of an emergency, I grant the University of Colorado permission to authorize emergency medical treatment for _____ (participant) for the duration of my/his/her participation in this Activity. I understand that University of Colorado does not carry or provide health or accident insurance that responds to injury or illness as a result of my/his/her participation in this Activity.

Participant Name _____ Signature _____ Date _____
 Parent or Guardian (if participant is under 18 yrs. old) _____ Date _____

Mail Completed Registration Form and Check to:

Frozen Foot
PO Box 7042, Golden, CO 80403

www.FrozenFoot5K.com
www.cutriteam.com



Please make checks payable to CU Tri Team

Questions? Concerns? Contact

Corey at corey.hazekamp@colorado.edu or 561-716-0120

University of Colorado

Release from Responsibility, Assumption of Risk and Waiver

Name _____

Date _____

I exercise my own free choice to participate in the above designated Activity. **I understand and assume all associated risks. I agree to assume all risk of personal injury or loss, bodily injury (including death), damage to or loss or destructions of any personal property including falls, contact with other participants, effects of weather, traffic and road conditions occurring in connection with or arising out of participation in the**

Frozen Foot 5k Race on February 21, 2010

(Activity Name)

I hereby release and discharge, indemnify and hold harmless the Regents of the University of Colorado, and their member officers, agents, employees and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against all claims, demands, costs and expenses, and causes of action whatsoever, either in law or equity, arising out of or in any way connected with any loss and/or bodily injury and/or disability, arising from my participation in the Activity.

In the event of an emergency, I grant the University of Colorado permission to authorize emergency medical treatment for _____, (participant) for the duration of his/her participation in this Activity. **I understand that University of Colorado does not carry or provide health or accident insurance that responds to injury or illness as a result of my participation in this Activity.**

The official race director reserves the right in any event of emergency or local or national disaster to cancel the race or to change the day and/or time to a later day and that in the event of cancellation or change there is no refund of entry fees.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent and agree to this Release, Assumption of Risk and Waiver.

If the participant is under 18 years of age, the parent or guardian in consideration of this request accepts the above terms and grants permission for the student's participation.

Participant Signature (Parent or Guardian if under 18)

Date _____