

February 9th 2019

CSUB Kinesiology Club



Valentine's Run/Walk



5k & 10k

CSUB Kinesiology

- ♥ Custom awards in these run divisions:
 - 5k: 10 and under, 11-12, 13-14, 15-19, 20-29 etc.
 - 10k: 19 and under, 20-29, etc.
- ♥ Enter with a friend or loved one
- ♥ Starts at CSUB Icardo Center
- ♥ Run entirely on beautiful CSUB campus
- ♥ Free parking in Lot I
- ♥ Great Raffle Prizes

Entry Form

Make check payable to CSUB
 Mail to: Valentine's Run
 9306 Cannondale Dr.
 Bakersfield, CA 93312

CSUB
Kinesiology
 Club

For Info Call 661-654-6084
 Website: www.valentinesrun.com

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Individual Age Group Category: Age on race day: _____ Check Distance 10k 5k

Name: _____ Male / Female

Address: _____

City: _____ Zip: _____

Phone: _____ e-mail: _____

Shirt Size S M L XL XXL

(Pre-register to guarantee shirt and size)

ALL ENTRANTS MUST SIGN WAIVER ON BACK



Kids Activity Program for Participants:

- ♥ Bring the kids.
- ♥ While you run or walk let them enjoy unique experience of age and skill appropriate activities led by Kinesiology Faculty and Students!
- ♥ Located in the CSUB Physical Education Gym.
- ♥ Sign up 8:00-8:30 a.m. Pick up by 10:30 a.m.
- ♥ Open for ages 6 – 11.



**RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK
AND AGREEMENT TO PAY CLAIMS**

CSUB Kinesiology Club Valentine's Run & Walk. Saturday February 9th, 2019 on the CSUB Campus

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I release from all liability and promise not to sue the USATF or the State of California, the Trustees of The California State University, California State University, Bakersfield, CSU Bakersfield Foundation, and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, including claims of the University's negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.

I agree to hold the University harmless from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance. I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Name (print): _____

X _____ Date: ____/____/____
Signature of Participant

X _____ Date: ____/____/____
Signature of Parent or Guardian if Participant is under 18