

# Groundhog Gallop Registration

## February 1, 2020

Race use only

Chip Number: \_\_\_\_\_

Register online at [www.MyStepbyStep.org/groundhog](http://www.MyStepbyStep.org/groundhog) or mail form and fee to:

Step by Step, One Jackson Square, 9th Floor, Jackson, MI 49202

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: (        ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age on 2/2/19: \_\_\_\_\_

Gender:     M    F

Event in which you will be participating:

5K Run    5K Walk

Preferred long-sleeved t-shirt size (circle):

small            x-large

medium        xx-large

large           xxx-large

Fee: Checks made payable to Henry Ford Allegiance Health

\$20 on or before January 27

\$25 late registration: Jan 28-Feb 1 (please return form and fee in person)

### Race Waiver

I know that running or walking in a road race is a potentially dangerous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running or walking in this event, including, but not limited to, contact with other participants, the effects of weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having this waiver and knowing these facts, and in consideration of your accepting my entry, I for myself and anyone entitled to act on my behalf, waive and release W.A. Foote Memorial Hospital d/b/a Henry Ford Allegiance Health, Step by Step, the City of Jackson, Jackson Public Schools, and all race sponsors, and their representatives and successors, from all claims of liabilities of any kind arising out of this event.

### Consent and release to photograph, videotape and/or publish image by Step by Step, Henry Ford Allegiance Health, news media or other agent

I consent and authorize Step by Step and Henry Ford Allegiance Health and its employees, or authorized other, to interview, televise, videotape, broadcast, photograph, or publish a story or article about me or someone for whom I am authorized to sign. I further authorize Step by Step and Allegiance Health to publicly display or publish the same for any marketing, medical, scientific, educational, or promotional purposes. I understand that Step by Step and/or Henry Ford Allegiance Health may not be involved in the preparation and release of the article, broadcast, tape, photography, or televising, and may have no control over its contents. Therefore, I release Step by Step and Henry Ford Allegiance Health and its employees and authorized others from any and all liability that may result from my authorization and consent to such interview, news release, photographs, video tape, or published article.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent or Guardian if under 18 years)

Witness \_\_\_\_\_