

Run For Your Life
Registration Form



One registration form per participant. Please print.

Name _____
Address _____
City _____ State ____ Zip _____
Phone no. _____
E-mail address _____

Circle one: run walk

Adult t-shirt size: S M L XL

Enclosed is my non-refundable entry fee of \$15.

Payment is due **Thursday, April 1.**

Make checks payable to **SDSMA** and mail to the address below.

Liability waiver:

I acknowledge that running/walking is a potentially hazardous activity. In participating in this event, I the undersigned, intending to be legally bound, hereby, for myself, my heirs, waive and release any and all claims, damages, costs or expenses which might arise against Sanford School of Medicine at the University of South Dakota and its students, the Vermillion volunteer fire department, the Town of Vermillion, the American Medical Association, the South Dakota State Medical Association, sponsors, event representatives, successors and all assignees and/or any other person whomsoever for any and all injuries, illnesses, including death that might result from my participation in said event. I represent and affirm that I am in proper physical condition to participate in this event as verified by a licensed physician and have sufficiently trained for the completion of this event. I hereby agree that in the event of event cancellation due to a storm, rain, winds, inclement weather, or other Acts of God, my registration fee shall not be refunded. I also authorize and consent to the use of any photographs, motion pictures, videotapes, recordings or any other record of this event for any purpose, including commercial use. I have read and voluntarily signed this release and wavier.

Signature Date

Run For Your Life!
c/o Sanford School of Medicine
The University of South Dakota
414 E Clark St.
Vermillion, SD 57069

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