



4th Annual Tour DeFleur 5K Run

Saturday, October 17, 2009

Please complete the following:

Name: _____

Age: _____

Address: _____

Gender: _____

Phone: _____

Email: _____

Please circle one:

BU Student

BU Faculty/Staff

Community Member

T-Shirt Size: _____ S _____ M _____ L _____ XL (*Shirts for first 100 registrations)

5K Run (by 10/16/09) \$10.00

5K Run (day of event) \$15.00

BU Member Discount -\$2.00

B# _____

Total \$ _____

Make Checks payable to:
Binghamton University

Mail completed form & payment to:
Cindy Cowden
Binghamton Univ. – Recreation
PO Box 6000 – East Gym
Binghamton, NY 13902-6000

Tour DeFleur 5K Run: Informed Consent

In registering as a participant in and in consideration of being permitted by Binghamton University to participate in the "Tour DeFleur" 5K Run, I voluntarily agree to assume all risks in and incidental to participation in this activity. Moreover, I release Binghamton University, its officers, employees, agents, assistants, and successors from all claims of damage, demands, and actions whatsoever, whether such damage be known or unknown. This also includes attorney's fees in any matter arising out of or resulting from or in connection with my participation in the "Tour DeFleur" 5K Run.

All participants are encouraged to take part in all activities to the extent of their personal interest and fitness ability. Certain risks of injury are inherent to participation in any fitness and physical activities. Types and extent of injuries may be minor or serious and may result from one's own actions, the actions of others or a combination of both. In a voluntary program, participants are required to assume responsibility for their own well-being and safety. You are responsible for determining if you should start or continue any activity. Consult the University Health Service or your physician on matters regarding your personal health status.

I have full knowledge of risks involved with this activity, and I am physically fit and sufficiently informed to participate. I fully state that I am personally responsible for all risks of injury or damage to person or property in any way arising out of my participation in this activity.

NAME - PLEASE PRINT

SIGNATURE

DATE

