

Henry Ford College

# Turkey Trot Fundraiser

**Costume Run + 3.1 Mile (5k) Run/ Walk + 1 Mile Fun Run**

*Fundraiser for HFC Hawksnest and Black Male and QUEENS focus group*

**Saturday, November 9th**

**Henry Ford College, 5101 Evergreen Rd., Outside Bldg M**

- **Check in for 1 mile:** 9:30 A.M.
  - 1 Mile Fun Run **start time:** 10:00 A.M.
- **Check in for 5K:** 10:00 A.M.
  - 5K Run/ Walk **start time:** 10:30 A.M.
- **Awards:** 11:30 A.M.- 12:00 P.M.

**Entry:** 12 & Under \$ 5  
 13 & Up w/Student Discount \$10  
 Adults \$15

*Teams are encouraged!*

Same rates apply  
Only individuals will win prizes

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_

Team Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Check: 5K: \_\_\_\_\_ 1 Mile: \_\_\_\_\_

\_\_\_\_\_ I do not wish to participate, but I would like to donate \$\_\_\_\_\_.

Race fee or donation: \$\_\_\_\_\_. Additional donation: \$\_\_\_\_\_. Total Amount: \$\_\_\_\_\_

Cash

Check # \_\_\_\_\_ \*\*\* Please make checks payable to Henry Ford College

**Waiver:** I hereby release Henry Ford College from any responsibility or liability for any injury that may occur as a result of my participation. I accept full responsibility for my own well-being. Participant agrees to hold Henry Ford College harmless and indemnify Henry Ford College against all claims.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Or Parent/Guardian if under 18)

Donations to Support the Food pantries at the HFC HawksNest and the Black Male and Queens Focus Group

For more information, contact Jessica Schrader, Student Organizer. [jmschrader@hawkmail.hfcc.edu](mailto:jmschrader@hawkmail.hfcc.edu)

Thank you for providing refreshments:

**GREENLAND**  
*Market*



**LIABILITY WAIVER AND RELEASE FOR 1 MILE FUN RUN and/or 5K RUN/WALK**

*Please read carefully and sign below.      Legal Rights are Being Waived.*

**Knowledge of Risks.** I understand that my participation in the 1 Mile Fun Run and/or 5K run/walk may involve serious risks, including, without limitation, death, bodily injury, damage to personal property, and dangers resulting from injury or accident. Knowing the risks, danger, and hazards involved in my participation in the 1 Mile Fun Run and/or 5K run/walk, I nevertheless voluntarily consent and agree to participate in the 1 Mile Fun Run and/or 5K run/walk. **I HEREBY EXPRESSLY AND SPECIFICALLY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL RISKS OF DEATH OR BODILY INJURY TO MYSELF AND MY PERSONAL PROPERTY RESULTING FROM OR ARISING OUT OF MY PARTICIPATION IN THE 5K RUN/WALK, WHETHER CAUSED BY OR CONTRIBUTED BY THE NEGLIGENCE OF HENRY FORD COLLEGE OR ANY OF ITS RESPECTIVE TRUSTEES, OFFICERS, AGENTS, EMPLOYEES, VOLUNTEERS, SUCCESSORS AND ASSIGNS (COLLECTIVELY, THE "RELEASED PARTIES"), OR OTHERWISE.** (Initials) \_\_\_\_\_

**Warranty of Physical Fitness.** I warrant that I am physically fit and in a condition that will allow me to participate fully in this 1 Mile Fun Run and/or 5K Run/Walk event. I maintain medical insurance that covers me for accidents and illness while I am participating in this event. I understand that HFC has not made, nor will make, any investigation into my physical fitness or ability to participate in this event, and HFC is relying on my warranty of my physical condition. I assume full responsibility for payment of medical expenses not covered by my insurance incurred as a result of my participation in this event. (Initials) \_\_\_\_\_

**Indemnification, Release and Waiver:** I hereby indemnify, release and hold harmless, Henry Ford College, its Board of Trustees, individual trustees, in their professional and personal capacities, agents and employees, volunteers, from any responsibility or liability for any injury that may occur as a result of my participation. I accept full responsibility for my own well-being. Participant agrees to hold Henry Ford College, its Board of Trustees, individual trustees, in their professional and personal capacities, agents and employees, harmless and indemnify Henry Ford College, its Board of Trustees, individual trustees, in their professional and personal capacities, agents and employees, against all claims. (Initials) \_\_\_\_\_

**Emergency Medical Treatment.** I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness prior, during or after the race resulting from my participation in the event. I understand that such medical treatment will be at my expense and in no way is Henry Ford College, its Board of Trustees, individual trustees, in their professional and personal capacities, agents or employees responsible for the cost of such treatment. (Initials) \_\_\_\_\_

I grant permission to all the foregoing to use any photographs, motion pictures, recordings or any other record of the event for any legitimate purpose. (Initials) \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
(Or Parent/Guardian if under 18)