

# 2013 Cedar Creek HS Fun Run 5K

Proceeds Go To Cedar Creek Cross Country team  
 Sunday, October 13, 2013 9:00am  
 Hyatt Regency Lost Pines Resort  
 575 Hyatt Lost Pines Rd, Cedar Creek, TX 78612



**Complete Entire Form**

Please print neatly using capital letters. One entry per form, please.  
 Send with payment to: Cedar Creek Cross Country, c/o Stephen Morales,  
 793 Union Chapel Rd, Cedar Creek, TX 78612

Name (first)                    (last)

Address including Apt #/ Suite

City                                    State     Zip code

E-Mail Address

Phone (day)                  M F (circle one) Birth date

M M D D Y Y Y Y

T-Shirt Size (Circle one only): Unisex size: S M L XL XXL (\$3 extra)

\$25 entry fee for Fun Run \$20 for all BISD students/staff, and Hyatt Regency Lost Pines Resort and Spa employees  
 \*\*\*\*\*Entries received by 10/1/13 are guaranteed a t-shirt.

\*\*Entry fee includes Fun Run participation, commemorative T-shirt, refreshments, snacks, and good karma for helping the community.

WAIVER: (must be signed) ALL PARTICIPANTS IN THE CEDAR CREEK HS FUN RUN 5K CONDUCTED BY CEDAR CREEK HIGH SCHOOL and BASTROP ISD (BISD) at Hyatt Regency Lost Pines Resort and Spa AND THEIR RELATED EVENTS ("EVENT") ARE REQUIRED TO, AND HEREBY DO, ASSUME ALL RISK OF PARTICIPATION IN THE EVENT BY SIGNING THIS GENERAL RELEASE AGREEMENT: The undersigned athlete ("Athlete") on behalf of himself/herself and on behalf of Athlete's personal representatives, assigns, heirs, executors, and successors hereby fully and forever release, waives, discharges and covenants not to sue Cedar Creek HS, BISD, HYATT REGENCY LOST PINES RESORT AND SPA, its affiliated corporations and charities, the host city, county and state, any and all municipal agencies whose property and/or personnel are used or in any way assist, all sponsoring or cosponsoring companies or individuals related to the Event, together with their officers, directors, shareholders, successors and assigns (collectively, "Releasees") from all liability to the Athlete and his/her property or resultant death, whether caused by the active or passive negligence of all or any of the Releasees or otherwise, in connection with Athlete's participation in the Event. Athlete represents and warrants that he/she is in good physical condition and is able to safely participate in the Event. Athlete is fully aware of the risks and hazards inherent in participating in the Event and hereby elects to voluntarily participate, knowing the risks associated with the Event. Athlete hereby assumes all risks of loss(es), damage(s), or injury(ies) that may be sustained by him/her while participating in the Event. Athlete agrees to the use of his/her name and photograph in broadcasts, newspapers, brochures, and other media without compensation. Athlete acknowledges that the entry fee paid is non-refundable and non-transferable. Athlete acknowledges and agrees that Cedar Creek HS, BISD, or Hyatt Regency Lost Pines Resort and Spa, in its sole discretion, may delay or cancel Event if it believes that the conditions on the race day are unsafe. In the event the Event is delayed or canceled for any reason, including but not limited to: fire, threatened or actual strike, labor difficulty, work stoppage, insurrection, war, public disaster, flood, unavoidable casualty, acts of God or the elements(including without limitation, rain, hail, hurricane, tornado, earthquake), or any other cause beyond the control of Cedar Creek HS, BISD, or Hyatt Regency Lost Pines Resort and Spa, there shall be no refund of the entry fee or any other costs of Athlete in connection with the Event. Athlete hereby grants to the medical director of the Event and his/her agents, affiliates, and designees, access to all medical records (and physicians) as needed and authorizes medical treatment as needed. Athlete understands that he/she has the right to refuse medical care and advice of Event medical directors and representatives; if Athlete's medical condition becomes such that Athlete's mental capacity is questioned, the physician has the right to recommend and initiate treatment of Athlete. Athlete agrees and understands that Athlete hereby assumes liability for any and all medical expenses incurred as a result of training for and/or participation in the Event, including but not limited to ambulance transport, hospital stays, physician and pharmaceutical goods and services. Athlete warrants that all statements made herein are true and correct and understands that Releasees have relied on them in allowing Athlete to participate in the Event. PARTICIPANT HAS READ THE FOREGOING AND INTENTIONALLY AND VOLUNTARILY SIGNS:

Signature of Participant (Signature of parent if under 18 years old) \_\_\_\_\_ Date \_\_\_\_\_

IF PARTICIPANT IS UNDER AGE 18, HIS/HER PARENT MUST SIGN THIS RELEASE AND WAIVER AGREEMENT. Athlete's Parent or Guardian's signature above certifies that his/her son/daughter/ward has his/her permission to participate in the Event. Athlete's Parent/Guardian has read and understands the foregoing and agrees to its terms and conditions. Athlete's Parent/Guardian further certifies that his/her son/daughter/ward is in good physical condition and is able to safely participate in the Event. Athlete's Parent/Guardian hereby authorizes medical treatment for him/her and grants access to his/her child's medical records as necessary and as stated above.

Make checks payable to Cedar Creek Cross Country and send form/payment to: Cedar Creek HS, c/o Stephen Morales  
 793 Union Chapel Rd, Cedar Creek, TX 78612