SIPAC Your Pace Your Race Run/Walk
Saturday, September 10, 2016

**Entry Fees:** $20 pre-registration
$25 After September 1, 2016

Entry fee includes tee shirt (first 100 participants)
refreshments and race time.

All finishers will get to choose an item from our finishers table

**Race Starts at 8:30 AM eastern time**

Benefits activities at SIPAC
and Purdue Extension-Dubois County

Race will be held at the
Southern Indiana Purdue Ag Center
11371 E Purdue Farm Rd
Dubois, IN 47527

This 2.5 mile loop will take you through the SIPAC Farm. You will be running on rock roads, grass pasture fields and dirt roads in woods. Choose to compete 1, 2, or 3 loops. It is up to you!!!

**Registration Form**
Race day registration 7:30 - 8:15 AM

Name:_________________________ $20 by Sept 1 ______
Address:_________________________ $25 after Sept 1 ____

Phone:__________  Email:________
The attached Waiver
Male:____   Female____
Circle shirt size:
Small   Medium   Large   XL

Check may be made payable to the DuBois County Ed Fund.

Please send to:
Dubois County Extension
1482 Executive Blvd, Suite A
Jasper, IN 47546-9300

Questions?
Jason Tower—812-678-4427
or towerj@purdue.edu

It is the policy of the Purdue University Cooperative Extension Service that all persons have equal opportunity and access to its educational programs, services, activities, and facilities without regard to race, religion, color, sex, age, national origin or ancestry, marital status, parental status, sexual orientation, disability or status as a veteran. Purdue University is an Affirmative Action institution. This material may be available in alternative formats.
Waiver, Release And Hold Harmless Agreement

In consideration of permission granted by Purdue University allowing me to participate in the SIPAC 5K Run/Walk (the "Activity"), which will occur on September 10, 2016, which is sponsored by Purdue University, I (together with my parent or guardian, if I am under the age of eighteen (18) or under a legal disability) represent, covenant and agree, on behalf of myself and my heirs, assigns, and any other person claiming by, under or through me, as follows:

1. I acknowledge that participating in the Activity involves certain risks (some of which I may not fully appreciate) and that injuries, death, property damage or other harm could occur to me or others. I accept and voluntarily incur all risks of any injuries, damages, or harm which arise during or result from my participation in the Activity, including any associated travel, regardless of whether or not caused in whole or in part by the negligence or other fault of Purdue University, The Trustees of Purdue University, and/or its or their departments, trustees, affiliates, employees, officers, agents or insurers ("Released Parties").

2. I waive all claims against any of the Released Parties for any injuries, damages, losses or claims, whether known and unknown, which arise during or result from my participation in the Activity, regardless of whether or not caused in whole or part by the negligence or other fault of any of the Released Parties. I release and forever discharge the Released Parties from all such claims.

3. I agree to indemnify and hold the Released Parties harmless from all losses, liabilities, damages, costs or expenses (including but not limited to reasonable attorneys' fees and other litigation costs and expenses) incurred by any of the Released Parties as a result of any claims or suits that I (or anyone claiming by, under or through me) may bring against any of the Released Parties to recover any losses, liabilities, costs, damages, or expenses which arise during or result from my participation in the Activity, regardless of whether or not caused in whole or part by the negligence or other fault of any of the Released Parties.

4. I have carefully read and reviewed this Waiver, Release And Hold Harmless Agreement. I understand it fully and I execute it voluntarily.

EXECUTED this __________ day of __________________, 20______.

____________________________________  __________________________
Participant Signature                  Participant Printed Name

____________________________________  __________________________
Parent/Guardian Signature             Parent/Guardian Name
(required if participant is under the age of 18 or disabled)