



2010 Race to the Rock: The President's Race for the Library Registration Form

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY & STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE ON RACE DAY: \_\_\_\_\_

GENDER (circle one): M F Email Address: \_\_\_\_\_

T-SHIRT SIZE (circle one): S M L XL XXL

STATUS (circle one): CU Undergraduate Student CU Graduate Student Faculty/Staff
CU Alumni Year? \_\_\_\_\_ Friend Parent Youth

RUNNER/WALKER STATUS (circle one): Runner Walker

DEPARTMENT (CU Faculty/Staff Only): \_\_\_\_\_

TEAM NAME (Team Competitors Only): \_\_\_\_\_

EMERGENCY CONTACT (name and phone #): \_\_\_\_\_

MEDICAL INSURANCE CO/POLICY #: \_\_\_\_\_

EXPECTED FINISH TIME: \_\_\_\_\_ Student/Faculty/Staff ID (optional): \_\_\_\_\_

Make checks payable to: Clemson University Foundation

Mail form and entry fee to: CU Foundation
Race to the Rock: The President's Race for the Library
ATTN: Corrine Grant
110 Daniel Drive
Clemson, SC 29631-1520

To pay by credit card (VISA and MasterCard only):

CREDIT CARD NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

NAME OF CARD HOLDER: \_\_\_\_\_ TYPE OF CARD (circle one): VISA

CARDHOLDER SIGNATURE: \_\_\_\_\_ MASTERCARD

Authorization (CV Code) \_\_\_\_\_

(Credit card payments will be accepted on race day.)

Please read and sign waiver. Waiver must be signed to participate in race. Signature of parent or guardian is required if participant is under 18 years of age. As a participant in Race to the Rock: The President's Race for the Library I do hereby and forever discharge and agree to hold harmless Clemson University, its trustees, officers, employees, volunteers, and race sponsors from all claims, demands, suits, awards, and judgments for any and all injuries and/or damages to my person or property which may result from my participation in this activity. I specifically release and discharge said operators, sponsors, and volunteers from all injuries or damages arising from or contributed to by any physical impairment I may have, whether latent or patent, and agree they are under no obligation to provide a physical examination or other evidence of my fitness to participate in such an event, the same being my sole responsibility. I also give permission for the free use of my name and picture in any broadcast, telecast, or other written account of the event.

PARTICIPANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

☐ Please check here if you will be participating as an Out-of-Town Runner/Walker