

TURKEY ~~Cougar~~ Chase

Please join us on **Thanksgiving morning**, Thursday, November 24th, 2016 for the 2nd Annual Capistrano Valley High School Foundation Turkey Chase; a 5K Fun Run starting on the Village Green and following the beautiful Oso Creek Trail. Participants are welcome to run or walk the course. No official times will be recorded. There will also be a 1K Fun Run on the Village Green for kids following the 5K. All participants will receive a race bag.

All proceeds benefit CVHS. For more information including course details, parking, and sponsorship opportunities visit www.cvhsfoundation.org

Prices 5K

Online and mail in registration on or before Nov 14 th	\$20
Online and mail in registration after Nov 14 th	\$25
Race Day Registration (If space available)	\$30

Prices 1K Kid Run

Online and mail in registration on or before Nov 14 th	\$15
Online and mail in registration after Nov 14 th	\$20
Race Day Registration (If space available)	\$25

Date: Thursday, November 24, 2016

Location: Norman P. Murray Center
– The Village Green
24932 Veterans Way, MV 92692

Schedule:

Check-In	7:30 am
Welcome	8:15 am
5K Start	8:30 am
1 Mile Kid Run	9:30 am
Awards	10:00

REGISTRATION FORM

Complete the registration form below or register and pay online at www.cvhsfoundation.org

Participant 1: _____

Age: _____ 5K 1K Kid Run

Participant 2: _____

Age: _____ 5K 1K Kid Run

Participant 3: _____

Age: _____ 5K 1K Kid Run

Participant 4: _____

Age: _____ 5K 1K Kid Run

Address: _____

Email: _____ Phone: _____

Total Registration Fees: \$ _____ Number of 5K Participants: _____ Number of Kid Run Participants: _____

Circle School Affiliation: CVHS Newhart Carl Hankey Bathgate Castille Reilly Viejo Oxford Other _____

All CVHS affiliated participants, please list the sports team or school club you are representing: _____

- I have read and agree to the terms and conditions in the waiver
Please complete and sign a waiver for each participant. Additional waivers are available on the website.
- I cannot attend the event but would like to be a virtual runner and have enclosed my donation.

Mail registration form, signed waiver(s) and check to: CVHS Foundation, P.O Box 3713 Mission Viejo, CA 92690

RELEASE & WAIVER OF LIABILITY AGREEMENT

IN CONSIDERATION OF MY OPPORTUNITY TO PARTICIPATE IN THE MISSION VIEJO TURKEY CHASE AND RELATED EVENTS AND ACTIVITIES ("EVENTS"), I AGREE AS FOLLOWS:

I acknowledge that I am aware of the inherent risks involved in a strenuous and hazardous athletic event of these types, and I voluntarily assume these risks. I warrant that I am physically fit, that I have sufficiently trained for the completion of the Events in which I participate, and that my physical condition has been verified by a medical doctor AND THAT I HAVE MEDICAL INSURANCE which will provide coverage for the Events. I warrant that all statements made herein are true and correct and understand that the Released Parties identified below will rely on them in allowing my participation in the Events. I agree, on my own behalf and on behalf of my heirs, executors, estate, successors and assigns, to indemnify and hold harmless the Capistrano Valley High School Foundation ("CVHS Foundation"), Capistrano Unified School District, the City of Mission Viejo, and Eventbrite, and any and all municipal agencies and departments whose property and/or personnel are used or in any way assist, and all producers, sponsors, co-sponsors, advertisers, organizers, volunteers and/or contractors of any of the Events in which I may participate, and all employees, principals, directors, shareholders, agents, members, managers, affiliates, representatives, and insurers of each of the foregoing (collectively "Released Parties") against any lawsuits, claims, or expenses (including attorneys' fees), whether arising from the negligence of any of the Released Parties or otherwise; and I fully and forever waive and release any and all rights and claims for any injuries (including death), or any other liability, to the fullest extent permitted by law, that I have or may have against any of the Released Parties relating to my participation in any Event as a contestant or volunteer. I acknowledge that the RELEASED PARTIES MAKE NO WARRANTY, EXPRESS OR IMPLIED, REGARDING THE EVENTS and agree that the Released Parties will not under any circumstance be liable for direct or indirect, actual or consequential, special or any other damages. I acknowledge that this Release & Waiver of Liability Agreement will be used by the Released Parties and that it governs the legal rights and responsibilities of both me and the Released Parties. Further, I hereby grant to the CVHS Foundation the worldwide right in perpetuity to use my name, voice, and/or image in any media or other account of the Events in any form and for any purpose, without compensation or approval. The CVHS Foundation reserves the right to reject any entry, and further reserves the right to change the details of the Events without prior notice. I understand that my entry fee is nonrefundable. If any Event is canceled by the CVHS Foundation due to circumstances beyond its reasonable control or as a result of governmental action, the CVHS Foundation shall have no obligation to refund my entry fee or any other cost I may have incurred in connection with such Events. I consent to treatment in the event of an emergency or other incident in which, in the reasonable judgment of the on-site personnel, I require medical care. I acknowledge that the Released Parties do not provide any medical or accident insurance and I understand and agree that I hereby assume all liability for any and all medical expenses including but not limited to ambulance transport, medical stays, physician and pharmaceutical goods and services incurred as a result of my participation in the Event. I HAVE READ THE FOREGOING AND INTENTIONALLY AND VOLUNTARILY SIGN THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT, AND UNDERSTAND THAT I AM ASSUMING THE RISK OF, AND RELEASING AND HOLDING HARMLESS THE RELEASED PARTIES IN CONNECTION WITH MY PARTICIPATION IN THE EVENTS. IF PARTICIPANT IS UNDER AGE 18, HIS OR HER PARENT OR GUARDIAN MUST SIGN THIS RELEASE & WAIVER OF LIABILITY AGREEMENT. A Parent's or Guardian's signature below certifies that his or her child or ward has permission to participate in the Event(s). Parent or Guardian has read and understands the foregoing RELEASE & WAIVER OF LIABILITY AGREEMENT and by signing intentionally and voluntarily agrees to its terms and conditions. Parent or Guardian further certifies that his or her child or ward is in good physical condition and is able to safely participate in the Event(s). Parent or Guardian hereby authorizes medical treatment for his or her child or ward and grants access to his or her medical records as necessary and as stated above.

I am at least 18 years of age and have read and understand the above.

Signature _____ Date _____

I am under 18 years of age. My parent or legal guardian has read and understands all of the above and is signing below. He/She consents to my participation in each the Events.

Signature _____ Date _____