

Buffer Buffalo Registration Form

LOCATION: CU East Campus/Research Park located at 33rd and Colorado Ave.

DATES: September 11th, 25th, October 2nd, and October 5th.

REGISTRATION FEES:

- \$10 for CU Students
- \$15 for non-students
- \$10 for the kids' mile
- Series Entry - 4 races for the price of 3 (\$30 for CU students, \$45 for non students)

AGE GROUPS (MEN AND WOMEN): 19 and under, 20-29, 30-39, 40-49, and 50+.

PACKET PICK-UP AND RACE DAY REGISTRAION: 5:30 – 6:15 p.m. Gravel lot of the research park, in front of Potts Field. Races begin at 6:30.

Prizes awarded to the top three male and female in each age group. Cotton, long-sleeve t-shirts will be given to all participants signed up for 2 or more races! Plus plenty of post race refreshments. For more information visit our website:

www.cutriteam.com
www.bufferbuffalo.com

GOOD LUCK!

RACE DATES (CHECK ONE) ALL RACES BEGIN AT 6:30 PM:

- THURSDAY, SEPTEMBER 11TH - BUFFER BUFFALO #1
- THURSDAY, SEPTEMBER 25TH - BUFFER BUFFALO #2
- THURSDAY, SEPTEMBER 25TH - KIDS' MILE #1
- THURSDAY, OCTOBER 2ND - BUFFER BUFFALO #3
- THURSDAY, OCTOBER 9TH - BUFFER BUFFALO #4
- THURSDAY, OCTOBER 9TH - KIDS' MILE #2
- FULL SERIES - ALL 4 5K RACES FOR THE PRICE OF 3! (\$30 for CU students, \$45 for non-students)**

LAST NAME: _____ FIRST NAME: _____ SEX: M _____ F _____

DATE OF BIRTH: ____/____/____ RACE DAY AGE: _____

CITY: _____ STATE: _____

E-MAIL: _____

METHOD OF PAYMENT: CASH _____ CHECK _____ /CHECK# _____ AMOUNT: \$ _____

WAIVER, PLEASE SIGN:

I exercise my own free choice to participate in the above designated Activity. **I understand and assume all associated risks. I agree to assume all risk of personal injury or loss, bodily injury (including death), damage to or loss or destructions of any personal property occurring in connection with or arising out of participation in the Buffer Buffalo 5 K**

I hereby release and discharge, indemnify and hold harmless Sybase, Inc and the Regents of the University of Colorado, and their member officers, agents, employees and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against all claims, demands, costs and expenses, and causes of action whatsoever, either in law or equity, arising out of or in any way connected with any loss and/or bodily injury and/or disability, arising from my participation in the Activity.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent and agree to this Release, Assumption of Risk and Waiver.

IN THE EVENT OF AN EMERGENCY, I GRANT THE UNIVERSITY OF COLORADO PERMISSION TO AUTHORIZE EMERGENCY MEDICAL TREATMENT FOR _____, (PARTICIPANT) FOR THE DURATION OF HIS/HER PARTICIPATION IN THIS ACTIVITY. **I UNDERSTAND THAT NEITHER SYBASE, INC, NOR THE UNIVERSITY OF COLORADO CARRY OR PROVIDE HEALTH OR ACCIDENT INSURANCE THAT RESPONDS TO INJURY OR ILLNESS AS A RESULT OF MY PARTICIPATION IN THIS ACTIVITY.**

Emergency Contact/Phone: _____ / (____) _____ - _____

If the participant is under 18 years of age, the parent or guardian in consideration of this request accepts the above terms and grants permission for the student's participation.

Participant Signature (Parent or Guardian if under 18) _____ Date _____