



Cruise Nite Mile

Friday, July 9, 6 pm

McGuire Middle School

21220 Holyoke Ave. S., Lakeville MN 55044

Name _____ Age _____
Address _____ Phone _____
City _____ State _____ Zip _____
Email _____ Gender _____

Registration is in-store until Thursday, July 8. At all 3 Run N Fun locations

- Burnsville 952-892-7386
- St Paul 651-290-2747
- Woodbury 651-202-3992

Start of race - 6pm, is at McGuire Middle School, 21220 Holyoke Ave, Lakeville, MN 55044. Parking is at either McGuire or near finish line, City Hall, Teresa Restaurant, Cub Foods, both west on Heritage Dr)

Finish of the race is exactly 1 mile north at the LKVL City Hall, 20195 Holyoke Ave.

The race is **limited to 200** participants.

The **course** is a **certified**, very straight mile. It will be **FAST**.

The course will be **packed with spectators** as the Pan-o-Prog Car Cruise begins at 6:30pm following the race.

Cost is \$25, includes a T-Shirt.

Awards for age group winners

Post-race refreshments/awards will be available at the Lakeville City Hall 20195 Holyoke Ave., post race.

Packet pick-up will be at Run N Fun Burnsville, (14240 Plymouth Ave, Burnsville, MN, 57197) until Thursday, July 8. Remaining packets will be available in front of Lakeville City Hall from 4:30-5:30pm Friday night.

Read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document.

If you are under the age of 18, this form must be signed by you as the participant AND by your parent or legal guardian.

I know that participating in the Cruise Night Mile is a potentially hazardous activity and I should not enter and participate unless I am medically able and properly trained. I acknowledge and assume any and all risks associated with this event including, but not limited to, traffic on the course route, falls, contact with other participants, and the condition of the course, including, but not limited to, curbs, cars, uneven pavement, potholes, rocks, and objects on the course surface. Knowing and appreciating these risks and in consideration of your acceptance of my entry, I hereby for myself, my heirs, representatives or anyone else claiming on my behalf, covenant not to sue, and waive, release, and discharge Run N Fun, its volunteers, and sponsors, and anyone else acting for or on behalf the Cruise Night Mile from any and all claims of liability for death, personal injury, or damage of any kind arising out of my participation in this run. This Acknowledgement of Risk and Waiver of Liability extends to all claims of every kind whatsoever. I also consent to emergency treatment in the event of injury or illness. I grant full permission to Run N Fun and/or any person or entity authorized by it to use my name, age, date of birth, finish place and finish time in the public domain. I further grant full permission for Run N Fun to use any photographs, recordings, or any other record of this event for any purpose. My signature acknowledges that I have read the above waiver and I agree and accept all terms and conditions set forth herein.

Emergency Contact Name: _____ Telephone# _____

In signing the Acknowledgement of Risk and Waiver Liability I hereby acknowledge and represent: (a) that I have read this document in its entirety, understand it, and sign it voluntarily; and (b) that this Acknowledgement of Risk and Waiver of Liability is the entire agreement between the parties hereto and its terms are contractual and not a mere recital.

Participant Signature: _____ Date: _____

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REQUIRED FOR ALL PARTICIPANTS UNDER 18 YEARS OF AGE:

PARENT OR GUARDIAN'S AUTHORIZATION FOR MEDICAL CARE AND CONSENT AGREEMENT

I certify that I am the parent or legal guardian of the above-named participant in the ACTIVITY. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the participant as a dependent, I have read the above agreement, I understand the contents of this Acknowledgement of Risk and Waiver of Liability, assent to its terms and conditions, and sign this Acknowledgement of Risk and Waiver of Liability of my own free act. I acknowledge that my dependent and I have agreed to the terms and conditions of my dependent's participation in the ACTIVITY, and I hereby give my consent to participation by my dependent in the ACTIVITY, and to receive medical treatment determined to be necessary. I further agree to hold harmless, indemnify and defend the UNIVERSITY from and against all claims, demands or suits that my dependent has or may have.

Parent or Guardian Signature: _____ Date: _____