

# Bucky's Race for Rehab



## 5k run/2 mile walk



Sponsored by the University of Wisconsin Physical Therapy Program

### Sunday May 3, 2009 - UW Natatorium

Registration starts at 9:30 AM; Race starts at 11:00 AM

#### Race Information

The race begins at the UW Natatorium (2000 Observatory Drive, Madison, WI)

Both the run/walk courses follow the Lakeshore bike path

Parking is available across from the Natatorium near the UW School of Veterinary Medicine

#### Registration Information

Pre-register by April 17th to guarantee your race gift

Registration available online at [Active.com](http://Active.com) or mail this form and payment by April 17th

Day of race registration also available starting at 9:30 AM

#### Entry Fees

\$13 for pre-registration

\$16 day of race

#### Prizes & Raffle

Prizes for top male & female finisher, great raffle prizes post-race

Unique race gift for all participants

All proceeds will benefit MEDiC, a system of free student-run health care clinics in Madison

For more information contact: [buckyrace@gmail.com](mailto:buckyrace@gmail.com)

<http://www.orthorehab.wisc.edu/physical-therapy/raceforrehab/index.shtml>

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

EVENT (circle)      5K RUN                      2 MILE WALK

AGE \_\_\_\_\_

SEX      M      F

PHONE \_\_\_\_\_

#### Agreement for Assumption of Risk & Indemnification Release (must be signed to participate)

I, \_\_\_\_\_ (print name), age \_\_\_\_\_, desire to participate voluntarily in the **Bucky's Race for Rehab** at the University of Wisconsin – Madison, on the **May 3, 2009**.

**Assumption of Risks:** I understand that not all risks can be foreseen and there are some risks which are unpredictable. I understand that certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I am aware of the risks of participation, which include, but are not limited to, the possibility of physical injury, fatigue, bruises, contusions, broken bones, concussion, paralysis, and even death. I understand that the **Bucky's Race for Rehab** has advised me to seek the advice of my physician before participating in the **Bucky's Race for Rehab**. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for me by the University or the State of Wisconsin. **I verify that I will be responsible for any medical costs I incur as a result of my participation in the above listed activity. I know, understand, and appreciate the risks that are inherent in the above-listed activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

**Hold Harmless, Indemnity and Release:** In consideration of my participation in these activities, I, for myself, spouse, heirs, personal representatives, estate or assigns, agree to defend, hold harmless, indemnify and release the Bucky's Race for Rehab, the UW-Madison Physical Therapy Department, the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Madison, and their officers, employees, agents, volunteers, and all others who are involved, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the above-listed activity. This release includes claims based on the negligence of the Bucky's Race for Rehab, the UW-Madison Physical Therapy Department, the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Madison, and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. **I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.**

Signature (signature of parent/guardian if participant is under 18) \_\_\_\_\_

Date \_\_\_\_\_