

# 5th Annual Fit Cochise 5K Walk/Run

Cochise Combined Trust



\*\*\*\*\* JOIN US :  
**April 25, 2015**

Check-In: 8:30AM Race Start: 9:00AM

Cochise County: 1415 Melody Ln., Bisbee (Behind BOS Bldg.)

ALL Participants will receive a FREE t-shirt and 350 WellRewards Points!

Family and Friends are welcome and encouraged to participate!

**Please return your completed registration & consent forms by April 13 to:**

Cochise College: Linda Nichols (520) 515-5308, [nicholsl@cochise.edu](mailto:nicholsl@cochise.edu)

Cochise County: Suzanne Hagle (520) 432-9493, [shagle@cochise.az.gov](mailto:shagle@cochise.az.gov)

Registration "Fee" will be TWO (2) non-perishable food items to be donated to the Bisbee Food Bank on the day of the race.

## Cochise Combined Trust 5K Registration

Name \_\_\_\_\_

Phone # \_\_\_\_\_ Age on Race Day \_\_\_\_\_ Gender (circle one): Male Female

Emergency Contact: \_\_\_\_\_ Emergency Contact # \_\_\_\_\_

Event (circle one): Run Walk Entity (circle one): College County Dependent Other

T-Shirt Size \_\_\_\_\_S \_\_\_\_\_M \_\_\_\_\_L \_\_\_\_\_XL \_\_\_\_\_XXL \_\_\_\_\_(Other, please specify)

I, the undersigned CCT 5K Participant (the "Participant"), or the parent or legal guardian of the undersigned Participant, if the Participant is under the age of 18 (such Participant, parent or legal guardian shall be referred to herein as the "Releaser"), hereby accepts the invitation of the COCHISE COMBINED TRUST (CCT) to participate in the CCT 5K, a 5K walk/run to be held on Saturday, April 25th, 2015 in Bisbee, Arizona. I am voluntarily participating in this 5K on my own time and I agree that my participation is not a condition of my employment.

THE RELEASER VOLUNTARILY ASSUMES ALL RISKS AND HAZARDS WHICH MAY CAUSE INJURY. DAMAGE OR LOSS TO THE PARTICIPANT OR TO HIS/HER PROPERTY OR ANY PROPERTY IN HIS/HER POSSESSION, WHILE PARTICIPATING IN, AT OR EN ROUTE TO OR FROM THE EVENT. THE RELEASER HEREBY SPECIFICALLY RELEASES, INDEMNIFIES, AND HOLDS HARMLESS THE COCHISE COMBINED TRUST, ERIN P. COLLINS & ASSOCIATES< COCHISE COLLEGE, COCHISE COUNTY AND ITS MEMBERS, OFFICERS, REPRESENTATIVES AND AGENTS, FROM ANY CLAIM, LOSS, LIABILITY, DEMAND. DAMAGES OR COSTS (INCLUDING ATTORNEYS' FEES) OF ANY KIND RESULTING FROM ANY INJURY, MEDICAL CONDITION OR COMPLICATION, OR DAMAGE OR LOSS OF ANY KIND TO THE PARTICIPANT OR TO HIS/HER PROPERTY OR ANY PROPERTY IN HIS/HER POSSESSION, WHETHER CAUSED BY THE ACTS OR OMISSIONS OF CCT OR ANY OF THE PERSONS MENTIONED ABOVE, THE ACTS OR OMISSIONS OF OTHER PARTICIPANTS OR OTHER THIRD PARTIES.

Further, although the Releaser recognizes that no duty to do so exists or is hereby created, nevertheless in the event that the Participant sustains any personal injury or medical condition or complication either before, during or after the Event, the Releaser authorizes CCT and/or its representatives to do either or both of the following, should they so choose:

The Releaser authorizes CCT and/or its representatives to voluntarily and gratuitously perform on-site treatment for the injury, condition or complication, and/or to voluntarily and gratuitously provide transportation for the purpose of obtaining treatment elsewhere. The Releaser expressly recognizes that any on-site treatment will not necessarily be performed by persons having medical training, including training as emergency medical technicians, and the Releaser acknowledges that CCT has in no way represented that this treatment will be performed by persons having such training. The Releaser further understands that neither CCT nor its representatives who perform any on-site treatment and/or provide any transportation for the purpose of obtaining treatment elsewhere will expect or accept any remuneration for the same. Therefore, and in return for this voluntary and gratuitous treatment and/or transportation, the Releaser specifically releases, indemnifies, and holds harmless CCT and its stockholders, officers, directors, employees, representatives and agents, from any claim, loss, liability, demand, damages or costs (including attorneys' fees) of any kind of the Participant resulting from such treatment and/or transportation, whether caused by the acts or omissions of the persons performing the treatment and/or providing the transportation, or otherwise.

The Releaser also authorizes CCT and/or its representatives to make arrangements with third parties for medical treatment for the injury, condition or complication, including but not limited to emergency, laboratory, diagnostic and/or surgical treatment, and/or to make arrangements with third parties for transportation for the purpose of obtaining such treatment. The Releaser expressly gives his/her consent for this treatment and/or transportation to any emergency medical services, physicians, nurses, other medical personnel, hospitals and/or medical transportation services that CCT, in its sole discretion, may select, and the Releaser specifically agrees that the Releaser will assume full responsibility for payment for such treatment and/or transportation.

Finally, the Releaser acknowledges that he/she has carefully read and fully understands all of the provisions set forth in this Consent and Release, and has freely and voluntarily chosen to agree to the same. This Consent and Release shall be binding upon the heirs, administrators, executors and assigns of the Participant.

5K PARTICIPANT

PARENT OR LEGAL GUARDIAN (If Participant is under 18)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to 5K Run Participant

\_\_\_\_\_  
Date