

**MICHIGAN'S MAYVILLE SUNFLOWER FESTIVAL**

P.O. Box 278  
Mayville, Michigan 48744

Cammie Asmus  
President  
989-843-5246

Kyle Middleton  
Vice President  
313-418-8385

Judy Chesney  
Secretary  
989-660-3020

Tamera Blackwell  
Treasurer  
989-843-5238

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**5K RUN / WALK AND KIDS FUN RUN ENTRY FORM**

Sponsor: Mayville High School Volleyball Team

When: Saturday, July 20, 2019

5K Run Walk at 9:00 am

Kids Fun Run at 9:50 am

Ages 11 and older

Ages 10 and younger

\$10 in advance or \$15 day of event

Free event

Prizes: Trophies for top male and female finishers in categories of 5K Run, 5K Walk, and Kids Fun Run

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Entry:     5K Run     5K Walk     Kids Fun Run

Signed waivers are required by all participants.

Checks should be made payable to Mayville Community Schools.

Registration forms, entry fees (if any), and signed waivers should be returned to:

**Angie Campbell**  
**1645 East Blackmore Road**  
**Mayville, Michigan 48744**  
**(989) 843-0438**

**MICHIGAN'S MAYVILLE SUNFLOWER FESTIVAL  
5K RUN/WALK**

**PARTICIPANT AGREEMENT / WAIVER**

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risk includes, but is not limited to those caused by terrain, facilities, temperature, weather, condition of the athlete's equipment, vehicular traffic, actions of other people including, but not limited to volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event and lack of hydration. I hereby assume all of the risks of participating in this event.

I certify that I am physically fit, have sufficiently trained for participation in this event, and have not been advised otherwise by a qualified medical person. I acknowledge that this accident waiver and release of liability form will be used by the Village of Mayville, Michigan's Mayville Sunflower Festival, Mayville Community Schools, and the event holders, sponsors, and organizers and that it will govern my actions and responsibilities at said event.

In consideration of my application / registration permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns to (a) waive, release, and discharge from any and all liability for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter accrue to me, including my traveling to and from this event the following entities or persons: Village of Mayville, Michigan's Mayville Sunflower Festival, Mayville Community Schools, its elected and appointed officials, employees, and volunteers, and others working or acting on behalf of the Village of Mayville, Michigan's Mayville Sunflower Festival, and Mayville Community Schools, and to the extent permitted by law; (b) indemnify and hold harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of or relating to my attendance and / or participation in this event.

I hereby consent to receive medical treatment which may be deemed appropriate in the event of injury, accident, and/or illness during this event.

I hereby certify that I am 18 years of age or older and that I have read this document and understand and agree to its contents.

Name (print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# MICHIGAN'S MAYVILLE SUNFLOWER FESTIVAL 5K RUN/WALK/KIDS FUN RUN

## PARENT / GUARDIAN WAIVER FOR MINORS

The undersigned parent or legal guardian, does hereby represent that he/she is, in fact, acting in such capacity and agrees to the fullest extent permitted by law to save, hold harmless, and indemnify the Village of Mayville, Michigan's Mayville Sunflower Festival, Mayville Community Schools, their elected and appointed officials, employees, and volunteers from any and all liability, loss, cost, claim, or damage whatsoever, including bodily injury or death which may be imposed upon or incurred by the Village of Mayville, Michigan's Mayville Sunflower Festival, and Mayville Community Schools because of participation of the minor child in this event. By signing below, the parent or legal guardian also agrees to release said parties in this regard on behalf of both the minor and the parents / legal guardians.

### Consent to Medical Treatment of Minor

I hereby authorize any duly authorized doctor, emergency medical technician, paramedic, nurse, hospital, or other medical facility to treat said minor for the purpose of attempting to treat or relieve any injuries received by or illness of said minor which he/she is/was a participant or observer at the event named. I authorize any licensed physician to perform any procedure which he/she deems advisable in attempting to treat or relieve any injuries to or illness of said minor that he/she may encounter during any necessary operation. I consent to the administration of anesthesia to said minor as deemed advisable by any licensed physician.

The undersigned parent or legal guardian of said minor does hereby represent that he/she is, in fact, in such capacity and to the extent permitted by law agrees on his/her behalf and that of the minor to save, hold harmless, and indemnify the Village of Mayville, Michigan's Mayville Sunflower Festival, Mayville State Bank, their elected and appointed officials, employees, and volunteers from any and all liability, loss, cost, claim, or damage whatsoever, including bodily injury or death which may be imposed upon or incurred by said parties because of participation of the minor child in this event and does release said parties on behalf of the parents or legal guardians.

I hereby certify that I am the parent / legal guardian of said minor child and that I have read this document and understand and agree to its contents.

Minor Name: \_\_\_\_\_ Minor's Age: \_\_\_\_\_

Parent / Legal Guardian's Name (print):  
\_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**MAYVILLE SUNFLOWER FESTIVAL 5K RUN WALK**

**PARENT / GUARDIAN WAIVER FOR MINORS**

The undersigned parent or legal guardian, does hereby represent that he/she is, in fact, acting in such capacity and agrees to the fullest extent permitted by law to save, hold harmless, and indemnify the Village of Mayville, Michigan's Mayville Sunflower Festival, Mayville Community Schools, their elected and appointed officials, employees, and volunteers from any and all liability, loss, cost, claim, or damage whatsoever, including bodily injury or death which may be imposed upon or incurred by the Village of Mayville, Michigan's Mayville Sunflower Festival, Mayville Community Schools because of participation of the minor child in this event. By signing below, the parent or legal guardian also agrees to release said parties in this regard on behalf of both the minor and the parents / legal guardians.

**Consent to Medical Treatment of Minor**

I hereby authorize any duly authorized doctor, emergency medical technician, paramedic, nurse, hospital, or other medical facility to treat said minor for the purpose of attempting to treat or relieve any injuries received by or illness of said minor which he/she is/was a participant or observer at the event named. I authorize any licensed physician to perform any procedure which he/she deems advisable in attempting to treat or relieve any injuries to or illness of said minor that he/she may encounter during any necessary operation. I consent to the administration of anesthesia to said minor as deemed advisable by any licensed physician.

The undersigned parent or legal guardian of said minor does hereby represent that he/she is, in fact, in such capacity and to the extent permitted by law agrees on his/her behalf and that of the minor to save, hold harmless, and indemnify the Village of Mayville, Michigan's Mayville Sunflower Festival, Mayville Community Schools, their elected and appointed officials, employees, and volunteers from any and all liability, loss, cost, claim, or damage whatsoever, including bodily injury or death which may be imposed upon or incurred by said parties because of participation of the minor child in this event and does release said parties on behalf of the parents or legal guardians.

**I hereby certify that I am the parent / legal guardian of said minor child and that I have read this document and understand and agree to its contents.**

Minor Name: \_\_\_\_\_ Minor's Age: \_\_\_\_\_

Parent / Legal Guardian's Name (print): \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_