

## Entry Form

Sign up for:	Race Time	Price
<input type="checkbox"/> 1-mile Fun Run	8:00 AM	Canned food/ clothing donation
<input type="checkbox"/> 5k run	8:30AM	\$15.00 Early \$25.00 Late
<input type="checkbox"/> 8k	8:40AM	\$15.00 Early \$25.00 Late

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Divisions (select one)

15 and under	36-45
16-24	46-59
25-35	60-69
70 +	

Select Shirt Size (adult sizing)

**S      M      L      XL      XXL**

**Make checks payable to CSU Chico  
Kinesiology Department Gobble Wobble**

Checks and completely filled out entry forms  
can be mailed to Dr. Traci Ciapponi, CSU Chico  
Kinesiology Department, Chico CA 95929-330

## 10th Annual Gobble Wobble

### 1-mile Fun Run 5k 8k

Join us for a cross country run encompassing some of the most beautiful trails in Northern California. In support of Kinesiology 430 (Administration of Sport and Fitness Programs) students and local children. Half of all monetary proceeds will go to the CARD youth Scholarship program, while the other half will be used in opportunities for further educating our Kinesiology 430 students.

### Pre-Registration

Register before **OCT. 30** for \$15.00 and receive a Gobble Wobble t-shirt. After this date the fee will be \$25.00 and will include a t-shirt.

### Race Day Registration

Fun Run 7:30 AM

5k/8k 8:00 AM

**Registration ends five minutes before the start of the race you are participating in.**


### RACE FEES:

5k/8k

Early \$15.00 Before October 30th

Late \$25.00 After October 30th

Fun Run Donations of 3 items of non-perishable food or clothing. Items will go to the Jesus Center and the Esplanade House.



10th Annual  
Gobble Wobble

Fun Run-5K-8K  
Upper Bidwell Park  
**Fun-Run 8:00AM**  
**5k 8:30AM**  
**8k 8:40AM**  
**Saturday**  
**November 14th 2009**

**Race Date and Times**  
**Saturday**  
**November 14, 2009**  
**1-mile Fun Run 8:00AM**  
**5k 8:30AM**  
**8k 8:40AM**

**RACE INFORMATION**

The races are located in Upper Bidwell Park. Upper Bidwell Park can be reached from East Avenue or Manzanita. You will follow these roads to Wildwood Avenue and there will be signs at the entrance of the park.

Follow the signs that will direct you where to go in the park. Forms must be filled out completely when submitted. All participants must sign the liability waiver before turning in the form. Your form will not be accepted without signing it. Full payment must accompany the entry form. No partial payments will be accepted. No refunds. Race Rain or Shine.

If there are any questions about the race or registration please call Dr. Traci Ciapponi at (530)898-5429 or email her at:

tciaipponi@csuchico.edu.

RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity: CSU, Chico, Department of Kinesiology, Gobble Wobble 5k/8k Fun Run

Activity Date(s) and Time(s): November 14, 2009

Activity Location(s): Upper Bidwell Park, Chico CA

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** the State of California, the Trustees of The California State University, California State University, Chico; and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property, that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this two-page document, and I am signing it freely. **No other representations concerning the legal effect of this document have been made to me.**

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

Participant Name (print): \_\_\_\_\_

--- continued on next page ---

*If Participant is under 18 years of age:*

I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. **No other representations concerning the legal effect of this document have been made to me.**

Signature of Minor Participant's Parent/Guardian:

\_\_\_\_\_

Name of Minor Participant's Parent/Guardian (print)

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

Minor Participant's Name

\_\_\_\_\_