

## **WCU On-Campus Race Packet**

All races held on campus must complete this Race Packet and obtain all required approvals. This process ensures each organization hosting a race on campus will put on a quality, safe event for the Western Carolina University and surrounding communities.

Included in this race packet is one form that must be completed within the timeframes listed below, as well as the waiver that needs to be used for all races on campus. Failure to submit paperwork on time or utilize the correct waivers will result in the cancellation of the requested event. If a race is held on campus without the proper application forms submitted, approvals received, and waivers completed, disciplinary action may occur.

### **WCU On-Campus Race Application**

This form must be completed and submitted to Campus Recreation and Wellness no later than 14 days prior to the race. This form can be submitted to the Associate Director or Director of Campus Recreation & Wellness via email or the CRC front desk.

### **Race Route**

The approved route for races is the Catamount 5K route on the Campus Walking Routes. This map can be found on the Campus Recreation & Wellness website at [reccenter.wcu.edu](http://reccenter.wcu.edu). Click on *About Our Facilities*, click on button labeled *25 Live* and then *Campus Walking Map*. If using this route, no additional approvals are required for the route.

### **Waiver**

The waiver in this packet must be used for all races on campus. If any changes are made to the waiver, these must be made through the Legal Counsel Office on campus.

### **EMS Standby Request**

On the application, the EMS Standby Request is required to be made prior to submitting forms and holding event. The request form can be found on the WCU Emergency Medical Services website, [ems.wcu.edu](http://ems.wcu.edu). After submitting the request, print a copy of the confirmation page to include with this application.

**WCU On-Campus Race Application**  
***Submit to Director or Associate Director of  
Campus Recreation & Wellness (CRW) no later than 14 days before event.***

Contact Name: \_\_\_\_\_ 92#: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Affiliation with WCU (Circle):      Student                      Faculty/Staff                      Community Member

Race Name/Title: \_\_\_\_\_

Requested Day/Date of Event: \_\_\_\_\_ Requested Time of Event: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_ Budget Code for Event Costs: \_\_\_\_\_

Estimated Number of Participants: \_\_\_\_\_ Number of Volunteers: \_\_\_\_\_

Race Route:      ☐ Approved Standard Route

☐ Alternate Route (Requires approval by UPD and Campus Recreation and Wellness)

(Attach map of alternate map to this form)

EMS Standby Request Completion (Required): ☐

(Include copy of confirmation page with this document)

**Race Approval Details to Review**

UPD will accommodate your event request with on-duty officers and will provide additional officers for a charge if deemed necessary. Additionally, volunteer traffic vests can be provided for your race by UPD. UPD can assist your event by reviewing your race plan and recommending where personnel should be placed on the course for any alternate routes. The review must take place two weeks prior to the event. Be mindful that any alternate course route that goes off campus, must also gain approval from NC Dept. of Transportation.

The race contact is responsible for coordinating any/all parking logistics for their event with Parking and Transportation Services.

A 48-hour cancellation notice is required, so that the appropriate individuals can be notified in time. Failure to meet this time deadline may result in paying any fixed costs.

**Approval Signature:**

Signature of WCU CRW Approver: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of WCU UPD Approver: \_\_\_\_\_ Date: \_\_\_\_\_

**Required Waiver Text**

***Must be included on/in registration form or registration process and signed by all participants. If participants are under 18 years of age, a parent/guardian must sign.***

*I UNDERSTAND THAT PARTICIPATION IN THE EVENT IS POTENTIALLY HAZARDOUS AND THAT A PARTICIPANT SHOULD NOT PARTICIPATE UNLESS MEDICALLY ABLE AND PROPERLY TRAINED. I UNDERSTAND THAT PARTICIPATION IN THIS EVENT COULD RESULT IN INJURY, POSSIBLY SIGNIFICANT, THAT MAY RESULT IN DEATH. I UNDERSTAND THAT THE EVENT MAY BE HELD OVER PUBLIC ROADS AND FACILITIES OPEN TO THE PUBLIC DURING THE EVENT AND UPON WHICH HAZARDS ARE TO BE EXPECTED.*

*In consideration of your accepting me/my child's registration, I hereby for myself, my child, my heirs, executors and administrators waive and release any and all rights and claims for damage I or my child may have against Western Carolina University, the University of North Carolina; and all employees, officers, governors, trustees, and legally authorized agents and representatives who are in any way connected with this event/program, Western Carolina University and the University of North Carolina ("WCU"). I have the legal authority to enter into this agreement on behalf of the minor child participant and by proceeding with this Event, I agree that the terms of this Waiver shall apply equally to all participants. Further, in the event of an injury, I do hereby give permission and consent to authorize such First Aid and/or Medical and/or Hospital care or treatment as deemed appropriate. In addition, I am fully aware of the provisions covered by the fee for this event and I understand that if any emergency arises, any and all additional expenses incurred must be borne or assumed by the participants.*

*I agree to indemnify and hold WCU harmless from and against any and all damages, costs, claims or demands, including reasonable attorneys' fees, made by any third party due to or arising from or relating to my participation in the Event.*

*I agree that this Waiver is intended to be as broad and inclusive as is permitted by the law of the State of North Carolina and that if any provision of this Waiver shall be found to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Waiver and shall not affect the validity and enforceability of any remaining provisions.*

Signature of Participant:

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**If Participant is under 18 years of age.**

Signature of Participant's Parent/Guardian:

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