

PLEASE REVIEW AND SIGN WAIVER (on back of form)

BE YOU 5K TRAINING PROGRAM
Spring 2018 January 24 - April 15

PLEASE REVIEW AND SIGN WAIVER (on back of form)

FirstName

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MiddleName

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LastName

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Gender T-Shirt Size

XS	S	M	L	XL	XXL
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Birthday

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Address1

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City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State

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 Zip

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Where did you hear about this program? (circle one) Friend / Co-worker Social Media Email from SHOES-n-FEET Bulletin Board Location: My doctor or physical therapist Location or name:

Email

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Phone

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Staff Use Only

Price \$

6	5
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 Payment Method

Circle	Check	Cash	Credit/Debit
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By indicating your acceptance, you understand, agree, warrant and covenant as follows:

Waiver: In consideration of my entry and acceptance in the Be You 5K Training Program by SHOES-n-FEET I, on behalf of myself, my heirs and assigns, waive any and all right and claims for personal injuries, damages, expenses, and any loss whatsoever, that may arise as a result in my participation in the Be You 5K Training Program by SHOES-n-FEET and release and hold harmless any and all Be You 5K Training Program by SHOES-n-FEET coaches, employees, officers and sponsors.

If you are registering a child under the age of 18 or an incapacitated adult you represent and warrant that you are the parent or legal guardian of that party and have the legal authority to enter into this agreement on their behalf and by proceeding with this event registration, you agree that the terms of this Agreement and Waiver shall apply equally to all Registered Parties. By registering a child under 13, you agree and consent to the collection of that child's information which you provide for the purposes of registration.

YOU UNDERSTAND THAT PARTICIPATION IN THE TRAINING PROGRAM AND RELATED EVENTS IS POTENTIALLY HAZARDOUS, AND THAT A REGISTERED PARTY SHOULD NOT PARTICIPATE UNLESS THEY ARE MEDICALLY ABLE AND PROPERLY TRAINED. YOU UNDERSTAND THAT TRAINING PROGRAM AND RELATED EVENTS MAY BE HELD OVER PUBLIC ROADS AND FACILITES OPEN TO THE PUBLIC DURING THE EVENT AND UPON WHICH HAZARDS ARE TO BE EXPECTED. PARTICIPATION CARRIES WITH IT CERTAIN INHERENT RISKS THAT CANNOT BE ELIMINATED COMPLETELY RANGING FROM MINOR INJURIES TO CATASTROPHIC INJURIES INCLUDING DEATH. YOU UNDERSTAND AND AGREE THAT IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN THE TRAINING PROGRAM AND RELATED EVENTS, YOU AND ANY REGISTERED PARTY, THE HEIRS, PERSONAL REPRESENTATIVES OR ASSIGNS OF YOU OR THE REGISTERED PARTY DO HEREBY RELEASE, WAIVE, DISCHARGE AND CONVENANT NOT TO SUE ACTIVE FOR ANY AND ALL LIABILITY FROM ANY AND ALL CLAIMS ARISING FROM PARTICIPATION IN THE TRAINING PROGRAM AND RELATED EVENTS BY YOU OR ANY REGISTERED PARTY.

BY INDICATING YOUR ACCEPTANCE OF THIS AGREEMENT AND WAIVER, YOU ARE AFFIRMING THAT YOU HAVE READ AND UNDERSTAND THIS AGREEMENT AND WAIVER AND FULLY UNDERSTAND ITS TERMS. YOU UNDERSTAND THAT YOU ARE GIVING UP SUBSTANTIAL RIGHTS, INCLUDING THE RIGHT TO SUE. YOU ACKNOWLEDGE THAT YOU ARE SIGNING THE AGREEMENT AND WAIVER FREELY AND VOLUNTARILY, AND INTEND BY YOUR ACCEPTANCE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Signature Required: _____ Date _____

Must be signed by parent or guardian if participant is under 18 years old.

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