



# Runner Registration/Waiver (Mail-In)

## 12th Annual 5K Run/Walk to Prevent Child Abuse

### 7:45 a.m. October 21, 2017

**Location:** Pelican Preserve, 10561 Vento Drive, Ft. Myers, Florida 33913  
(East of I-75 at the Colonial Exit)

**Proceeds:** All funds benefit southwest Florida children in the child welfare system

**Cost:** \$25.00 (until September 21, 2017);  
\$30.00 (from September 22<sup>th</sup> to October 20, 2017);  
\$40.00 (day of race)

**Mail Registration/Waiver and Entry fee to:** Children’s Network of Southwest Florida  
2232 Altamont Avenue, Fort Myers, Florida 33901  
Attention: Michelle Leonard (or) Emerald Williams

**On-Line:** <https://www.athlinks.com/event/12th-annual-walkrun-to-prevent-child-abuse-202464>

**Name:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Age:** \_\_\_\_\_

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

**City, State, Zip:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Shirt Size (Circle one):**      SM      M      L      XL      XXL      XXXL

**EACH PARTICIPANT MUST READ AND SIGN**

**Waiver of Release and Liability**

I, the participant, intending to be legally bound and having read and understood the waiver in its entirety, hereby waive or release any and all right and claims for damages or injuries that I may have against the Children’s Network of Southwest Florida, sponsors and their representatives and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during, or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees. I also authorize the use of photographs or videos that include my image for promotional, information, or other reasons deemed to be in the best interest of the event.

I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed Medical Doctor. By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above waiver.

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

**PARENT OR GUARDIAN (IF UNDER AGE 18)**

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