

WALK FOR WELLNESS

Race For Recovery



2017 5K Registration Form



COMMUNITY & FAMILY
RESOURCES
Inspiring prevention, treatment and recovery

Event Date: Saturday, September 16, 2017

Location: Ada Hayden Heritage Park (5205 Grand Avenue, Ames IA)

Time: Check-in between 8:00-8:45 AM; Race begins at 9:00 AM

Last Name _____ First Name _____ MI _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email: _____ Gender (circle one): **Male** **Female**

Age on 9/16/17: _____ T-shirt Size (circle one only): **S** **M** **L** **XL** **XXL** **XXXL**

Walk for Wellness, Race for Recovery entry fee is **\$10.00**. All participants will receive a t-shirt, plus snacks and activities following the race. Pre-registrations are due September 5, 2017. Late or same-day registration is allowed, but t-shirts may not be *immediately* available. Participants **MUST** be at **check-in before 8:45 AM** on **September 16, 2017**.

My employer is a *Platinum Sponsor* (Entry Fee Waived): **Employer Name** _____

Credit Card (*complete below*) Cash Check (payable to: Community and Family Resources)

Name on Credit Card _____ Credit Card Billing Zip Code _____

Card Number _____ CVV2/Card Code _____ Expiration Date: Month _____ Year _____

Date _____ Signature _____

RELEASE AND WAIVER

The undersigned does hereby represent that they are physically capable of participating in a walk/run event without causing injury to themselves or others and does hereby release and waive any claim for injury, damages, death or any other foreseen or unforeseen consequence as a result of participation in the walk/run event and specifically releases and waives said claims against any and all sponsors of said event including but not limited to Community & Family Resources and the City of Ames, Iowa. The undersigned further represents that he/she is fully competent to sign this waiver and is of legal age. **In the event the undersigned is a minor, the minor's parent or guardian has signed** and agreed to be bound by all of the terms of the release/waiver. The undersigned and/or parent/guardian agree that they will never make or bring any claim for damages or injury arising out of the participation in said walk/run and fully assume any and all risk associated with participation in the walk/run event. This release and waiver is binding on all heirs and/or beneficiaries and may not be voided under any circumstances.

Signature X _____ **Date** _____

For more information, visit www.cfrhelps.org, call 515-232-3206, or email sallyc@cfrhelps.org

Submit form and payment to: Community & Family Resources 1619 South High Avenue Ames, Iowa 50010	-OR-	Register Online at: getmeregistered.com/WalkforWellness
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