

WALK FOR WELLNESS

Race For Recovery

2016 5K Registration Form



Event Date: Saturday, September 17, 2016

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 9/17/16: _____

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 2, 2016. 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 17, 2016**.

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