

# RECOVERY & WELLNESS 5K

## 2018 5K Registration Form



COMMUNITY & FAMILY  
RESOURCES  
*Inspiring prevention, treatment and recovery*

**Event Date:** Saturday, September 15, 2018

**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

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Last Name _____		First Name _____	MI _____
Mailing Address _____			Gender (circle one): <b>Male</b> <b>Female</b>
City _____	State _____	Zip Code _____	Phone Number _____ - _____ - _____
Email: _____	Age on 9/15/18: _____	How did you hear about this 5K? _____	
T-shirt Size (circle one): <u>ADULT</u> SIZES: <b>S</b> <b>M</b> <b>L</b> <b>XL</b> <b>XXL</b> <b>XXXL</b> <u>YOUTH</u> SIZES: <b>S</b> <b>M</b> <b>L</b> <b>XL</b>			

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The Recovery & Wellness 5K entry fee is **\$10.00**. All participants will receive a t-shirt, plus snacks and activities following the race. Pre-registrations are due September 3, 2018. 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 15, 2018**.

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 _____	

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### 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** \_\_\_\_\_

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For more information, visit [www.cfrhelps.org](http://www.cfrhelps.org), call 515-232-3206, or email [sallyc@cfrhelps.org](mailto: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](http://getmeregistered.com/WalkforWellness)