



COMMUNITY HEALTH EVENT

PRESENTING SPONSOR:



FLORIDA HOSPITAL
Apopka

RACE DATE: OCTOBER 29, 2017

(MAIL-IN DEADLINE: OCTOBER 23, 2017)

FIRST NAME _____ LAST NAME _____

AGE _____ SEX M F DATE OF ENTRY _____ AMOUNT PAID (\$) _____

STREET ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP CODE _____

PHONE # _____ EMAIL ADDRESS _____

RACE OPTIONS (circle one) 5K 10K KID'S FUN RUN

5K/10K SHIRT SIZE (circle one) S M L XL *(Kid's Fun Run shirts are one size fits all)*

FORM OF PAYMENT (circle one): CASH CHECK CREDIT CARD

CC # _____ CCV _____ CARD TYPE _____

NAME AS APPEARS ON THE CARD _____

I know that running a road race is a potentially hazardous activity that could cause injury or death. I should not enter and participate unless I am medically able and properly trained. By my signature, I certify that I am medically able perform this event, in good health, and properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I assume all risks associated with running in this event, including but limited to: fall, contact with other participants, effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. I understand that bicycles, skateboards, roller skates or blades, animals and radio headsets are not allowed in the race and I will abide by this guideline. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Apopka Seventh-Day Adventist Church, the Florida Conference of Seventh-day Adventist, Sunbelt Health and Rehab Center, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

PARENT/GUARDIAN'S SIGNATURE (IF UNDER 18 YEARS OF AGE)

DATE

PARTICIPANT'S SIGNATURE DATE SIGNED

DATE