Waiver Release Form - Must be Signed

STANDARD ACKNOWLEDGEMENT, WAIVER AND RELEASE FROM LIABILITY (AWRL) BEFORE SIGNING, ALL ATHLETES MUST READ AND SIGN.

LIABILITY WAIVER AND RACE AGREEMENT. I hereby certify that I understand and agree to the Entry Forms and Terms and Conditions published by the Crime Stoppers of Northeast Florida 10k/5k, including but not limited to information about risk, preparation, medical condition, authorization for assistance, the rules concerning the race, and the waiver and release of all claims. In consideration of the acceptance of my entry and my participation in the Crime Stoppers of Northeast Florida 10k/5k, I, for myself, my heirs and assigns do hereby release the Crime Stoppers of Northeast Florida, Inc., RaceSmith, Inc., the City of Ormond Beach, the City of Holly Hill, all sponsors, volunteers, 10k/5k staff, directors and officers, together with their subsidiaries, successors, heirs, contractors, subcontractors, directors, officers, agents, attorneys, and representatives from all claims of liabilities of any kind and character whatsoever arising from my participation in the 10k/5k or any of its allied or accompanying events. I consent to the use of my image in photos, video and audio recording, and film, of my participation in all 10k events. I will not enter and run unless I am medically able and properly trained to do so. I understand that the course is open to participants for 2 hours.

Signature	
Print Name	
Date	
FOR PERSONS UNDER EIGHTEEN (18) SIGN THE ABOVE AND COMPLETE TH	YEARS OF AGE, A PARENT OR LEGAL GUARDIAN MUST HE FOLLOWING SECTION
name) hereby acknowledges that he or she named here-in. As the natural or legal guardi administrators, heirs, next of kin, successors have the capacity and authority to act for a and hold harmless the persons or entities mer	, of
care facility (Medical Provider) to treat the many injuries received by said minor arising or east Florida. I authorize any such Medical Pr tempting to treat or relieve any such injuries during the course at attempting to treat or redeemed advisable during the course of such	emergency medical technician, hospital or other medical or health ninor named herein for the purpose of attempting to treat or relieve ut of or relating to any event sanctioned by Crime Stoppers of North ovider to perform all procedures deemed medically advisable in at and any related conditions of said minor that may be encountered elieve such injuries. I consent to the administration of anesthesia as treatment. I realize and appreciate that there is a possibility of comany medical treatment, and I assume such risk for and on behalf or
I acknowledge that no warranty is being ma	de as to the results of any medical treatment.
Signature of Parent/Guardian	Printed Name of Parent/Guardian
Relationship to Minor	Date
Note for runners under 18 years old	d: Parent/Guardian must sign both sections

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLLFREE

(800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE." Registration #CH16680.



5th Annual Run to Stop Crime

Saturday, January 17, 2015 • 7:30 am

Race begins at Ormond Beach City Hall 22 South Beach Street, Ormond Beach, FL 32174

REGISTRATION FORM

Run to Stop Crime 10k/5k is open to all runners and walkers. All entry fees are non-transferable and non-refundable. Your entry fee will include a t-shirt (guaranteed for first 150 registered), a goodie bag and food/beverages. Proceeds benefit Crime Stoppers of Northeast Florida, Inc.

Crime Stoppers of Northeast Florida, Inc. is a non-profit organization that offers anonymity and rewards to people who provide information leading to an arrest.

We serve Flagler, Putnam, St. Johns and Volusia Counties.

"Helping our community solve and prevent crime through citizen participation."

www.WeStopCrime.com

Run to Stop Crime 10K/5k Entry Fee:

Until January 16th (10k) \$25 for individuals

(5k) \$20 for individuals

Race Day (10k) \$30 for individuals

(5k) \$25 for individuals

Make your check payable to Crime Stoppers of Northeast FL and mail to (mail deadline is Jan. 14th):

Crime Stoppers PO Box 15224

Daytona Beach, FL 32115

Results: Results will be posted at the run and at www.WeStopCrime.com. Chip timed and scored at the start and finish by RaceSmith. Awards will be presented to top 10k & 5k runners in each age group.

Course: Begins and ends near Ormond Beach's City Hall. Course runs along the river (Beach Street) in Ormond Beach & Holly Hill. Turns will be monitored. 3 water stations will be located on the route. There is a 2 hour course limit. Please, for safety reasons no dogs, headsets, strollers or rollerblades. Be alert to possible road hazards along the course. (10k & 5k is USATF Certified #FL10104EBM)

Directions to Race Site: Ormond Beach City Hall is located at 22 South Beach Street, Ormond Beach. From US-1 head East on Granada Blvd. City Hall is at the Corner of Granada and South Beach Street. Parking is located behind City Hall.

Packet Pickup: Friday, January 16th from 11am - 2pm at Spikes (1237 Ridgewood-Holly Hill). Packets may also be picked up at 6:30am on race day.

Reminders: All runners must sign a waiver release form (located on the back of this form) to be entered into the 10k/5k. Parent's signature is required for those under 18 years old.

ENTRY FORM

Please Print Legibly: make checks payable to Crime Stoppers of NE FL. Donations are gladly accepted.

Note: Email address required to confirm receipt of application and entry fee.

Name								
Sex	Birth Date	Age	T-shi	irt size: XS	S	М	L	XL
Street Address								
City		State	Zip Co	ode				
E-mail								
Phone #			10k	5k				
Entry Amount \$	+ Donation A	Amount \$	= TOTAL II	NCLUDED \$ _				
	peting as a member n must consist of 3 or n	er of a Tean		ase answe				
	□ 10k T	eam or	□ 5k Tea	m				
Team Name:								

REMEMBER TO SIGN THE WAIVER ON THE BACK OF THIS FORM! FOR QUESTIONS: CALL 386-212-6543

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