CLIMB FOR CANCER
TRI-DISTANCE RUN
Each Step is a Summit!

Climb for Cancer Tri-Distance Run
Three Races for ONE Great Cause
YOU PICK THE DISTANCE
Chip-Timed *5K, 10K or 15 K*
Saturday, March 27th, 8:00 a.m. to 11:00 a.m.

Proceeds from these races will benefit the Climb for Cancer Foundation's Family Support Programs at UF & Shands

RACE INFORMATION BY PHONE: 352-333-9663
RACE INFORMATION & ONLINE REGISTRATION: www.cfc-foundation.org/2010tridistance

Race Registration Form

Awards □ T-Shirts □ Drawings □ Prizes for Highest Fundraiser

Official chip-timing provided by Alta Vista Sports.

Awards for the top three finishers of each age group, as well as overall and masters winners for each race

T-Shirt Info, Distance Entered, Payment and Race Waiver on Page 2 *(back of form)*
Must be Completed & Signed

PRE-Register By March 18 to be ENTERED in GREAT PRIZE Drawings!

SPECIAL THANKS to our SPONSORS!

ENTRY FEE:

$15 Youth Chip-timed 5K—10K—15K Run
(Youth - 17 and under day of race)
$20 the day of the race
$25 Adult Chip-timed 5K—10K—15K Run
$30 the day of the race

T-SHIRT & RACE PACKET PICK-UP:

Lloyd Clarke's Sports beginning March 20th. You may also pick up your race packet on Race Day from 7:00 - 7:45 a.m. ONLY!

ENTRY FORM *(Page 1 of 2 - Page 2 MUST BE SIGNED)*

LAST NAME MI FIRST NAME

STREET ADDRESS & APT #

CITY STATE ZIP **AGE Day of RACE**

EMAIL

PHONE: GENDER: MALE OR FEMALE

EMERGENCY CONTACT & PHONE NUMBER

EMERGENCY CONTACT RELATIONSHIP (Parent, Family Member, Friend, etc.) _____

ENTRY FORM *(Page 2 of 2 - Page 2 MUST BE SIGNED)*

BIRTHDAY: ☐☐ ■ ☐☐ ■ ☐☐☐☐ (MO DAY YEAR)

T-SHIRT: ☐ ■ ☐ ■ ☐ ■ ☐ (S M L XL)

RACE DISTANCE ENTERED:

5K RUN ☐ 10K RUN ☐ 15K RUN ☐

REGISTRATION PAYMENT:

☐ **$25 Adult** ☐ **$30 Day of Race** ☐ **$15 Youth** ☐ **$20 Day of Race**

Circle Card Type: Visa MasterCard Discover American Express

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Card Number

Expiration Date: ☐☐ ■ ☐☐ **CARD HOLDER NAME & BILLING ADDRESS (if Different from Page 1):**

_____

_____

Signature of Card Holder:_____ **Date:**_____

PAYMENT BY CHECK: Please Make Checks Payable to: Climb for Cancer Foundation

Climb for Cancer Tri-Distance Run
CONSENT AND WAIVER OF LIABILITYCONSENT AND WAIVER OF LIABILITY

The following Consent and Waiver of Liability Form must be signed by in order for to participate in the Climb for Cancer Tri-Distance Run (the "Run"). Each individual participating must have a signed waiver.

1. In consideration for my or my child's participation in the Run, I hereby waive, release and discharge any and all claims against The Ron and Dianne Farb Climb for Cancer Foundation, Inc., all municipalities in which the event is held, the race director, course officials, all other organizations directly or indirectly associated with the Run, and any and all sponsors including their officers, directors, employees, agents, and volunteers (collectively "Releasees"), for damages for personal injury, property damage, or death sustained by me or my child as a result of me or my child's participation in the Run.
2. I understand that accidents occasionally occur during sports activities, and I am fully aware of risks and hazards connected with such activities. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me or my child, or any loss or damage to property owned by me or my child, as a result of my or my child's participation in the Run.
3. I know that running is a potentially hazardous activity. I or my child should not enter and run unless I am, or my child is, medically able and properly trained. I also know that there may be traffic, hazards, debris and poor footing on the course and assume the risk for running on it. I also assume any or all other risks associated with running including but not limited to falls, contact with other participants, the affects of the weather, getting lost, wildlife and insect attacks and all such risks being known and appreciated by me.
4. I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any loss, liability, damage or cost, including court costs and attorneys' fees that may accrue related to me or my child's participation in the Run.
5. I understand the Releasees accept no responsibility for the loss, damage or theft of my or my child's property.
6. I authorize the use of my or my child's photo image in any materials that pertain to the lawful programs and activities of the Releasees, including on websites, brochures, flyers, etc.
7. It is my express intent that this Consent and Waiver of Liability Form shall bind the members of my family and spouse, if I am alive, and my heirs, assigns, and personal representative(s), if I am deceased.
8. I hereby further agree that this Consent and Waiver of Liability Form shall be construed in accordance with the laws of the State of Florida.
9. In signing this release, I ACKNOWLEDGE and represent that I have READ AND UNDERSTAND it and SIGN IT VOLUNTARILY.

Participant Signature (if 18 years of age or older): _____ Date: _____

If Participant is under the age of 18: Parent Name: _____Child's Name : _____

Parent Signature: _____ Date: _____