

Registration Form – Flapjack 5K & 1 Mile Fun Run!

Connerton 2100 Fountain Garden Way, Land O' Lakes, FL 34639

Saturday, December 8, 2018 - Race Times: 5K - 8am, registration 7 am 1 Mile - 8:45am



Presented by:

ONE COMPLETED APPLICATION **PER RUNNER – STAPLE TEAMS TOGETHER**

RUNNER ENTRY FORM

SPONSOR BUSINESS NAME _____

I am registering for the: ☐ 5K Run/Walk ☐ 1 Mile Fun Run **SCHOOL** _____

I am a(n) ☐ Adult (\$25) ☐ Student K-12 (\$17) ☐ 1 Mile Fun Run All Ages (\$15) (No teams)

To receive a T-shirt with your registration orders must be received in office by 11/17/18 (No orders after)

ALL Entries received after 12/1/18 (\$30)

Name _____

Address _____

Phone _____ E-mail _____

☐ Male ☐ Female Date of Birth ____/____/____ Shirt Size (please circle): YS YM YL S M L XL XXL (Add \$2)

Teams MUST be Pre-registered, none on race day – Family Team is limited to one Family Team Award

Father/son ☐

Father/Daughter ☐

Mother/Son ☐

Mother/Daughter ☐

Husband/Wife ☐

Brother/Brother ☐

Brother/Sister ☐

Sister/Sister ☐

Emergency Contact Name & Phone # _____

WAIVER – Indemnification Agreement

I _____ recognize and acknowledge that there are certain risks of physical injury to participants in the Flapjack 5K and 1 Mile and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ Ward or I may sustain as a result of said participation before, during or after the event. I further agree to waive and relinquish all claims I or my minor child / Ward may have (or accrue to me or my child / ward) as a result of participating in these activities against the Flapjack 5K, Central Pasco Chamber of Commerce and all of their agents assisting with the event, sponsors, representatives and employees. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees. I attest and certify that I am physically fit, do not have any limitations, and have sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed Medical Doctor. I hereby grant full permission to any and all of the foregoing to use any likeness of myself or my minor child / Ward to promote and advertise the event now and in the future including photography, video tapes, motion pictures, recordings or other record of this event. I have read and fully understand the above important information, warning and assumption of risk and waiver and release of all claims for myself and my minor child or Ward. _____ Initials

PRINT NAME _____

Minor / Ward _____

Signature _____

Signature of Parent / Guardian _____