

# WALK FOR WELLNESS

## Race For Recovery



### 2017 5K Registration Form



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

**Event Date:** Saturday, September 16, 2017

**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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Mailing Address \_\_\_\_\_

Gender (circle one): **Male** **Female**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Age on 9/16/17: \_\_\_\_\_

T-shirt Size (circle one): ADULT SIZES: **S M L XL XXL XXXL** YOUTH SIZES: **S M L XL XXL**

Walk for Wellness, Race for Recovery entry fee is **\$10.00**. All participants will receive a t-shirt, plus snacks and activities following the race. Pre-registrations are due September 5, 2017. 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 16, 2017**.

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 \_\_\_\_\_

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

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)