

Walk for Wellness, Race for Recovery 5K Walk/Run

2013 Registration Form

All Mail-in Entries **MUST BE POSTMARKED** by: **August 31st**.
Race Date: September 7th, 2013 at **Ada Hayden Heritage Park** in Ames, Iowa. Check-in at **8:00AM**, Race beginning at **9:00AM**

For more information email: meredithl@cfrhelps.org



Last Name	First Name	MI				
Mailing Address		Apt No.				
City	State	Zip Code				
Phone Number	Email:	Gender (circle one): Male Female				
Date of Birth:	T-shirt Size (circle one only):	S	M	L	XL	XXL

All participants will receive a t-shirt and two ticket stubs for snacks following the race. Participants **MUST** be at check-in at **8:00am** on **September 7th, 2013**. Walk for Wellness, Race for Recovery Entry Fee is \$10.00. Cash, Check or Credit card is accepted. Please make your checks payable to: **Community and Family Resources**.

Name on Credit Card	Credit Card Billing Zip Code		
Card Number	CVV2/Card Code	Expiration Date:	Year
Date	Signature	X	

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.

Date _____ Signature X _____

Visit cfrhelps.org for more information

-OR-

Visit our Facebook; www.facebook.com/cfrhelps or our Twitter page; www.twitter.com/cfrhelps

Mail form and payment to:
**Ames Outpatient 1619 South High
Avenue Ames, Iowa 50010**
Checks payable to:
Community and Family Resources