

Race for Women's Wellness Saturday March 26, 2016



Half Marathon & 5K
RACE FOR WOMEN'S WELLNESS
benefitting the Broward Health Coral Springs
Lisa Boccard Breast Cancer Fund **2016**

5K-children 17 and Under \$12.00 5K-Adults 18 and older \$22.00
Half Marathon 12 and over \$50.00

First Name: _____ Last Name: _____
Gender (circle one): Male / Female T-shirt Size S M L XL

Birthdate: ___-___-___ AGE _____ Team Name: _____
ALLERGIC TO: _____ MEDICAL PROBLEMS: _____

Address: _____

City: _____ State _____ Zip Code: _____

Phone Number: (____) _____ - _____ Evening Phone: (____) _____ - _____

E-mail : _____

By giving us your email address, you are authorizing us to email you results and updates on In the Zone events. Your email will not be sold, rented, or given to anyone!

Emergency Contact: _____ Phone: (____) _____ - _____

Please make checks payable to: In The Zone Event

By signing this registration form, I agree to the following conditions:

By indicating your acceptance, you understand, agree, warrant and covenant as follows: I know that running a road race is potentially hazardous activity which could cause injury or death. I or the minor listed on the application should not enter and run unless I or the minor am medically able and properly trained, and by my signature, I certify that I or the minor am medically able to perform this event, and am/are in good health, and am properly trained. I agree to abide by any decision of a race official relative to any aspect of my or the minors participation in this event, including the right of any official to deny or suspend my or the minors participation for any reason whatsoever. I assume all risks associated with running in this event, for myself or the minor, including but no limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in act on my behalf, or the minor's behalf, waive and release The City of Coral Springs, In The Zone Event and Sports Management, and Broward Health & Broward Health Coral Springs, and their officers, agents and volunteers, any or all triathlon, running and cycling clubs or organizations and volunteers participating in this event, the County, City, Town, Municipality or other in which the event is held, all sponsors, vendors, their representatives and successors including the USA Track and Field, its officers, directors, agents and employees from all claims or liabilities of any kind arising out of my or the minor's participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I further authorize and empower the event director(s) to consent to and authorize any medical care or treatment for myself or the minor which may appear reasonably necessary as a result of emergency, accident or illness of myself or the minor whether occurring before, during or after the event. Further, I hereby grant full permission to use any and all foregoing photographs, video tapes, motion pictures, recordings of and records for this event for any purpose whatsoever, without compensation.

Parent/Signature: _____ Date: _____

In the Zone Event and Sports Management

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