

Open to all ages and abilities! Including family members!

AGE DAY DATE TIME RES. FEE Sturday Jun 23 8:00 - 11:00am \$10

S183012 Registration Deadline: June 15 Choose from a 3-mile run or a 1-mile walk!

T-shirt, pancakes and entertainment are all included.





Registration Form

Pleas	e P	rint	Pai	ticip	ant's	First	t Name I	Last Name	e				M	F ex	Weigh	 t l	Height
Addı	ess								- Cit	y			Disability	,			
Zip Code Area Code Home Phone Number Participant E-M											E-Mail Address	(ail Address Birth Date					
					none I mark			o the pho		ode & Work	Number would like us t	o use <u>first</u> .	r or Cell Number				
Pare	ıt/C	Gua	rdiaı	ı Ful	l Nan	1e					Parent/Guardian E-Mail Address						
Pleas	Ar e p	ea C	ode	& Pl	none I mark	Numl	ber he box next t	to the pho	Area Co	ode & Work	Number would like us t	an a parent or guardian.) (Relationship to Participant) ber Area Code & Pager or Cell Number Id like us to use <u>first</u> . SRA with a Participant Information Form containing the most current information					
	ng	parti	cipan	t's sp	ecial r		al needs, medi	cations, all		It is the respon			Transp. Fee	accurate.			
C 1 (gra	1111 1	r								Transp. Fee	OFFICE		NLT	
S18	3	0 .	l Z	Π	Π	Γ	PJS	10 P	ancak	kes	06/23	\$10		Amt. Re			
\dashv											1			1		CR	sc
											1			1	MC		
											1.			CI	Date		
											1						
Cred	Return with check payable to NEDSRA, 1770 W. Centennial Place Credit card customers: Circle one - Visa MC Print Cardholder Cardholder signature																
Acco	un1	Nu	mbe	r									Expiration date				
recrea in high particip in high particip safety. Must recrea You fit and, especio safety. NEDS and/or parent Warnin Desertation equipm activities expecio inhores inhores Photo I he my chi	heation reconstruction reconstruction Hoselon secons are seally injured to the rebold of the rebold	sst D programs to programs. It is follower to some very gnize all acceptable if the control of t	uPaggrams NEI low s er, pi er, pi et that tivitie ely re e par er imp es no lizatio sk eful a ange fureatio NEI Auth thoriz and	e Spess and Spes	activition activition activity according to the control of the con	ties irnually and in and parent in a paren	v strives to red nstructions the arents/guardia trisk of injury remining if you ntemplated by ant, disabled ir util a physiciar age on participe responsibility aration, instructious injury wheers can be for ue to acts of G	er and hold uce such r at are designated and hold uce such r at are designated and hold when chock upon your mathis agreer and any way of a before un ants and they of the industriant and they are also do, inclement defects an ard, it must feet y.	Is the safety isks and insupple to protograph/vins/video in official states and insupple to the safety is the safety and the s	y of participant sists that all tect the participant ing for program ticipate in vard are physicalways advisab suffered any iny physical ac enedical attentiouestion and/or conditioning an recreational nust understander, slipping, fallicircumstances ized that it is ideo me or connection	Please r this progra releasing a sustain as with this pr When regi and releas original for to participa all injuries, sustain as I or my mir their and emplo I do her injuries, da to me or m d that I further au participant I further au participatir and emplo I do her injuries, da to me or m d that I have read assumption informatior	read this form carefirm, you will be expra all claims for injuries a a result of participa rogram (including firstering by fax, it is unde e of all claims) shalm. I recognize and ants in this program damages or loss, raresult of said part for child/ward may rig in this program and right in this program right in this pr	o release personal conta propriate including nam nd the above important d release of all claims an	n signing up and legal lia h you or you or you or you or you titles connects when provide istration docume the same let are certain reto assume it to assume it or you will be a received in a to assume the to waive and the provided with a to a to assume the town of the t	bility and or minor che ed with an d). ent (includin egal effect risks of ph he child/ware and relinquil and) as a rist, agents, any and a or which ror in any won to others and phe warning a	waiviridididididididididididididididididid	ing and and might sociated were the linjury and may I claims of inteers the sociate sociate and the sociate an
consid						JUI VIL	oco, progrants	, and lacill	ICO UI INLD	OIA WILLIOUL		Participant Signature Date If under 18, parent or guardian signature above.					