



*in loving memory
of Caden Bowles*

Date: Saturday, June 24, 2017

Time: Race Day Registration begins at 7:00am

5k Run/Walk starts at 9:00 am

Where: Summit Middle School

4509 Homestead Road

Fort Wayne, IN 46814

REGISTRATION FORM

Entry Fee:	<u>Before 6/22/17</u>	<u>After 6/22/17 & Race Day</u>
<input type="checkbox"/> Adults 5k run/walk.....\$ 25.00 (with or without timing chip)		\$ 35.00
<input type="checkbox"/> Children (ages 6-12)..... \$ 15.00		\$ 25.00
<input type="checkbox"/> Family rates (up to 5 people).....\$ 70.00 (please list all participants below) *Children ages 5 and under are FREE		\$ 80.00
<input type="checkbox"/> I would like to make an additional donation to "Run Like a Hero" \$_____		

Name: _____

Address: _____

City/State/Zip: _____

Email: _____

Phone: (day) _____ (Shirt size) _____

Age: _____ Gender: _____

How did you hear about Run Like A Hero _____

Make Checks Payable to:
Run Like A Hero

Mail Payment and Entry Form to:
Nancy Dye
5232 Glen Stewart Way
Indianapolis, IN 46254

*Online registration is available
at [www.GetMeRegistered.com/
RunLikeAHero5K](http://www.GetMeRegistered.com/RunLikeAHero5K)

Please list the additional family members who plan to participate:

Name	Address (if different than above)	Age	Run or Walk	Gender	Shirt Size

T-shirt Sizes (sizes not guaranteed after 6/14/17)



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WAIVER, RELEASE AND INDEMNIFY AGREEMENT (READ BEFORE SIGNING)

In consideration of my acceptance of my entry, I hereby release, discharge, and agree to hold harmless the "Run Like a Hero 5k organization, Summit Middle School, Southwest Community School Corporation, any sponsors, officials, and organizers of this event and each of them together with their successors, assigns, officers, agents and employees from any and all liability for injuries to property or person suffered by me as a result of my participation in this event. By execution of this waiver, I assume all risks associated with my participation in this event including, but not limited to falls, the effects of weather, traffic, road and trail conditions, and all risks associated with running or walking in an urban setting whether or not such risks are specifically known or appreciated by me. I verify that I am physically fit and have sufficiently trained for this event and that my physical condition has been verified by a licensed medical doctor. I specifically agree that it is not the duty of any of the parties listed above to check, monitor, or evaluate my physical condition for the appropriateness of my participation in this event at any time. I agree to indemnify any of the parties listed above for damages caused by me to any such party or parties and any third parties, by virtue of my participation in this event.

Participant 1 signature (or Parent's Signature if under 18): _____

Participant 2 signature (or Parent's Signature if under 18): _____

Participant 3 signature (or Parent's Signature if under 18): _____

Participant 4 signature (or Parent's Signature if under 18): _____

Participant 5 signature (or Parent's Signature if under 18): _____

Date: _____