

"FREE" Health Screenings/5K Run/Wellness Walk in Association With:

AVONDALE

**FEET
IN THE
STREET**

THE NATIONAL
**AFRICAN
AMERICAN
MALE**
WELLNESS INITIATIVE



**SATURDAY
OCTOBER 6
— 2018 —**

Register @
GROWAVONDALE.ORG

Powered by
UW Health

Registration Form

Full Name: _____ AGE: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Emergency Contact: _____ Emergency Contact Phone #: _____

Gender ☐ M ☐ F

General 5K Run/Walk ☐

Competitive 5K Run ☐

Competitive 5K Walk ☐

Team Name
(optional): _____

Disclaimer and Signature

In consideration for the acceptance of my entry, I, for my executors, administrators and assignees do hereby release Avondale Development Corporation, Avondale Running Club, Running Time, LLC, the City of Cincinnati, all sponsors, volunteers, race staff, directors and officers, together with their subsidiaries, successors, heirs, directors, officers, agents, attorneys, and representatives from all claims of liabilities of any kind and character whatsoever arising from my participation in the 5K or Fun Run or any of its allied or accompanying events. I hereby attest and verify that I have full knowledge of the risks involved in the race, that I assume and pay my own medical and emergency expenses in the event of accident, illness or incapacity, regardless I have authorized such expense, that I am physically fit and sufficiently trained to participate in this race. I consent to the use of my image in photos, video and audio recording, and film, of my participation in all race events.

Signature: _____ Date: _____