



Run for More Lives

5K, 10K, 15K and kids 2K

to benefit breast cancer research



October 3, 2015 St. Joe Beach, FL

ALL TIMES ARE CENTRAL: Race packet pick up will be available at PC Health Club on Friday October 2nd 2 - 7pm, race day packet pick up will be available at the Beacon Hill Park 7 - 8:45am. All races start at 9am.

THERE WILL BE NO RACE DAY REGISTRATION

Please pre-register. Late registrations are usually to blame for late starts. Our goal is to keep the event on schedule. THANK YOU!

First Name _____ Last Name _____

DOB: Month ____ Day ____ Year _____ Age on race day ____ Gender: M ____ F ____

Address _____ City _____

ST _____ ZIP _____ Email _____

T-shirt size: S ____ M ____ L ____ XL ____ In emergency we should call _____

E I will participate in please check which applies

N _____ 5K run..... (before July 31).....\$20 (add \$5 after July 31)

T _____ 10K run....(before July 31).....\$20 (add \$5 after July 31)

R _____ 15K run....(before July 31).....\$20 (add \$5 after July 31)

Y _____ 2K Kids Run.....\$10

All participants registered by September 15th will be guaranteed a t-shirt Please make checks payable to

Panama City Health Club and bring or mail to:
Panama City Health Club, 1598 N. Balboa Ave, Panama City, FL 32405

In signing this form for myself or the participant listed herein, I know that running is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I hereby certify that I am in good health and I have trained to run the distance of the race, which I am entering. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of 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 consideration of your accepting my entry into this running race, I, for myself and anyone entitled to act on my behalf, waive and release the Run for more Lives, Panama City Health Club, the Park, Gulf County, their officers, directors, agents, volunteers and employees, all states, cities, countries or other governmental bodies or locations in which events or segments of events are held, all sponsors, their representatives and successors, from all claims or liabilities of an kind arising out of my 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 grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose. I understand that bicycles, skateboards, baby joggers, roller skates or inline skates and animals are not allowed in the event and I will abide by this guideline. I am aware that the event strongly discourages the use of personal audio devices (iPods and MP3 headsets) for safety. I authorize any healthcare provider to release any and all information pertaining to my healthcare, medical condition and medical treatment as a result of my participation in this Pink Up Your Run event to Panama City Health Club and its staff.

SIGNATURE _____ DATE _____

Parent or legal guardian, if under 18 years of age.