



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



Halifax Health presents

THE VOLUSIA FLAGLER FAMILY YMCA

COLORIFIC 5K

SATURDAY, SEPTEMBER 5, 2015 | 8:00AM
DAYTONA STATE COLLEGE, DAYTONA BEACH, FL

ENTRY FEES

Register online at VFYMCA.org or
runnershighracing.com until 9/3

SOLO RUNNERS:

\$30 through Sept. 3

\$40 Packet Pick-Up & Race Day

TEAM RUNNERS:

\$25 through Sept. 3

\$35 Packet Pick-Up & Race Day

Kids 10 and under run FREE with every adult paid entry.

PACKET PICK-UP

Friday, September 4 from 4-7pm
at Sports Authority

SPECIAL STUFF

Participants will enjoy a goody-bag, t-shirt and post-race refreshments



For more information, please contact Mica Cyrus at
mcyrus@vfymca.org or call 386.736.6000.

VOLUSIA FLAGLER FAMILY YMCA | VFYMCA.org
STRENGTHENING THE FOUNDATION OF COMMUNITY



RELEASE AND WAIVER OF LIABILITY/ INDEMNITY AGREEMENT

Volusia Flagler Family YMCA,
Halifax Health and Runner's High
(Hereafter referred to as VFYMCA/HH/RH)

Halifax Health 



Name _____
 Address _____
 City _____ State _____ Zip code _____
 Phone number _____ Email address _____
 M F Birthdate _____ Age _____

T-SHIRT

- ADULT XS S M L XL XXL
 YOUTH S M L

Amount Enclosed \$ _____
 Participating in the LYLW Series
 Team Name _____

Enclosed is my check payable to the Volusia Flagler Family YMCA

MAIL ENTRY FORM TO:

Volusia Flagler Family YMCA
 761 E. International Speedway Boulevard
 DeLand, FL 32124
Att: Mica Cyrus

Register online at www.runnershighracing.com

2015 Volusia Flagler Family YMCA/Halifax Health/Runners High (VFYMCA/HH/RH) – RELEASE FORM

ENTRANT'S RELEASE: ENTRY INVALID IF NOT SIGNED. In consideration of being allowed to participate in the VFYMCA/HH/RH and its related events (collectively "Event"), I, the undersigned, on behalf of myself and my heirs, assigns, personal representatives, administrators, estate and next of kin, acknowledge, appreciate and agree that by my signature and of my free will, I HEREBY VOLUNTARILY, IRREVOCABLY AND FOREVER RELEASE, INDEMNIFY AND SAVE HARMLESS VFYMCA/HH/RH, its officers, directors, board members, employees, volunteers, agents, independent contractors, sponsors, owners and/or lessors of any premises, property or piece of equipment used to conduct Event, each of the foregoing parties' respective affiliates, and each of the foregoing parties' respective current and former owners, partners, members, officers, directors, trustees, employees, agents, volunteers, officials, representatives, successors, assigns and other participants (collectively, "RELEASEES") FROM ANY AND ALL LIABILITY WHATSOEVER, INCLUDING WITHOUT LIMITATION, LIABILITY FOR ANY AND ALL INJURIES, DISABILITIES, DEATH, LOSSES OR DAMAGES TO PERSON OR PROPERTY, ARISING DIRECTLY OR INDIRECTLY IN CONNECTION WITH MY PARTICIPATION IN EVENT, WHETHER OR NOT CAUSED BY THE INTENTIONAL CONDUCT, ACTIVE OR PASSIVE NEGLIGENCE, MISREPRESENTATION OR OTHER FAULT OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law;

I assume all risk associated with the Event, including but not limited to conditions of the road, uneven and/or slippery conditions, varying weather and surface conditions, varying slopes, loose gravel and dirt, wet surfaces, holes and potholes, bikes, vehicles, strollers, animals, and paved and unpaved surfaces, other participants, and traffic. All such risks being known and appreciated by me, I willingly agree to comply with the stated and customary terms and conditions for participation in Event. If, however, I observe any unusual significant hazard during my presence at or participation in Event, I will remove myself from participation and bring such hazard to the attention of the nearest official immediately. I willingly agree to read and follow all rules for participation in Event and any safety materials or instructions provided by Event, including all information in the Event packet. I expressly assume the responsibility for any and all acts committed by my dog(s) that result in bodily injury or property damage. I am physically capable of participating in Event. If I am aware of or under treatment for any physical infirmity, ailment or illness, I will obtain my medical care provider's approval to participate in Event and I will maintain personal health insurance while participating in Event. I consent to treatment in the event of an emergency or other incident in which, in the reasonable judgment of the on-site personnel, I require medical care.

I hereby irrevocably release, consent and allow the VFYMCA/HH/RH to use my/our photographs, voice, likeness, as it pertains to my/our participation with the YMCA, in any manner for promotional efforts without expectation of any reimbursement in connection with its use.

I grant permission to use my email address and understand that it will be used to provide monthly updates about races and events. Further, I grant permission to all the foregoing to use my name and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic record of this event for legitimate purposes.

I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND THE TERMS, UNDERSTAND THAT I HAVE GIVEN UP CERTAIN RIGHTS BY AGREEING TO THE TERMS, AND AGREE TO THE TERMS FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I AM AWARE THAT BY SIGNING THIS WAIVER, RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT OR BY SELECTING THE "I ACCEPT" BUTTON DURING THE ONLINE REGISTRATION PROCESS, I AM AGREEING TO ITS TERMS, INCLUDING WAIVING CERTAIN LEGAL RIGHTS. KNOWING THIS, I AGREE TO THESE TERMS OF MY OWN FREE WILL.

 PRINT NAME OF RUNNER

 RUNNER / PARENT SIGNATURE

 DATE

 IF ENTRANT IS UNDER AGE 18 PARENT/GUARDIAN MUST SIGN