

Make Checks Payable to Run 4 a Cause

Follow Red Solo 4Kup on Facebook

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: ____ / ____ / ____ Age on Race Day: ____ Gender: ☐ Male ☐ Female ☐ I Ran Race
Last Year

Shirt Size: Youth ☐ YM ☐ YL Adult ☐ S ☐ M ☐ L ☐ XL ☐ 2X ☐ Active/Reservist Military ☐ Retired Military

Phone: _____ - _____ - _____ Email: _____

I know that participating in this event is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I agree to abide by any decisions of a race official relative to my ability to safely compete. I assume all risks associated with participating in this event including but not limited to, falls, contact with other participants, the effects of the 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, I, for myself, and anyone entitled to act on my behalf, waive and release Children's Home Society, The Pavilion at Port Orange, The Running Elements and any and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence on the part of persons named in this waiver. I am aware that the foregoing organizations assume no liability in the event of cancellation of this event for any reason and that the entry fees are not refundable. 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.

Signature _____ Date _____

Parent if race participant is under the age of 18