

2013 Superhero 5K Fun Run

THE FOSTER & ADOPTIVE
PARENT'S ASSOCIATION
OF PALM BEACH COUNTY



Mail/Fax entries not accepted after October 10, 2013

COMPLETE ENTIRE FORM - PLEASE PRINT CLEARLY

For additional information visit our website at www.fapapbc.org

E-mail: _____ ☐ Male ☐ Female DOB (MM/DD/YYYY): ____/____/____ Age on Race Day: _____

First Name: _____ Last Name: _____

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

Phone: _____ Cell Phone: _____

Fee Schedule

\$25 before August 31
\$30 - September 1 - October 11
\$35 - Day of Event

TOTAL

5K	\$ _____
Processing Fee	\$3.00
Grand Total	\$ _____

Payment Method

☐ Check/Money Order — **DO NOT MAIL CASH**

☐ Visa ☐ MasterCard

Name on Card: _____

Card #: _____

CSV: _____ Billing Zip Code: _____ Exp Date: _____

Signature: _____

All finishers will receive a specially designed medal.

Please make check or money orders payable to: FAPAPBC

Please either mail or fax application to:

FAPAPBC - 4100 Okeechobee Blvd.

West Palm Beach, FL 33409 - FAX: 561.352.2544

ALL PARTICIPANTS IN SUPERHERO 5K FUN RUN AND RELATED EVENTS ARE REQUIRED TO, AND HEREBY DO, ASSUME ALL RISK OF PARTICIPATION BY SIGNING THIS GENERAL WAIVER AND RELEASE OF LIABILITY AGREEMENT.

NOTE: Athletes who participate in the competition may be subject to drug testing in accordance with IAAF Procedural Guidelines of Doping control or the Olympic Movement Anti-Doping Code. Any participant in this competition shall be deemed, by entering, to have consented to such testing and disclosure of its results. Drug testing, and the adjudication of positive findings, will be carried out by the United States Anti-Doping Agency (USADA). Athletes found to have committed a doping violation will be disciplined according to the USADA Protocol and suspended, if appropriate, according to the applicable IAAF rules. Such penalties may result in a period of ineligibility as well as disqualification from this and future events. Any substance taken by an athlete is at his/her own risk and may result in a positive sample. (this includes cold medicines, nutritional supplements, and some over-the-counter medicines.) Information on drugs and drug testing may be obtained by calling the USADA Drug Reference Hotline at 1-800-233-0393, or the USADA web site.

In consideration of your accepting this entry, I hereby for myself, my heirs, executors, personal representatives, assigns, successors and administrators assume full and complete responsibility, and further hereby fully and forever waive, release, discharge, hold harmless and covenant not to sue for any and all rights and claims for damages I may have against Foster & Adoptive Parent Association of Palm Beach County (FAPAPBC), USATF, the State of Florida, Palm Beach County, the Cities of West Palm Beach, and Lake Worth, any and all municipal agencies whose property and/or personnel are used or in any way assist, all sponsors, charities, volunteers, medical directors, physicians, nurses, medical volunteers and massage therapists or any individuals related to the Event, together with their agents, employees, officers, directors, shareholders, subsidiaries, their representatives, successors, heirs, contractors, subcontractors, attorneys and assigns (collectively "Releases") from all liability of any kind or character whatsoever to the participant and his/her heirs, executors, personal representatives, assigns, successors and administrators for any and all loss(es), damage(s) and any and all claims or demands therefore, on account of accidents, injuries, property damage or resultant death suffered by me or others in said Event and any pre-and post activities of said Event, whether caused by the active or passive negligence of all or any of the Releases or otherwise, in connections with my participation in the Event. I am fully aware of the risks and hazards inherent in participating in this event and I hereby elect to voluntarily participate, knowing the risks associated with the Event. I further attest and certify that I am physically fit and have trained sufficiently for competition in this Event and my physical condition and ability to participate has been verified by a licensed medical doctor [except where the latter is in violation of religious principles]. Participant hereby assumes all risks of loss(es), damage(s), or injury(ies) that may be sustained by him/her while participating in the event. The participant hereby grants the medical director of the Event, and his/her agents, affiliates and designees, access to all medical records (and physicians) as needed and authorizes medical treatment as needed. Participant understands that they have the right to refuse medical care and the advice of Event medical directors and representatives; if participant's medical condition becomes such that the participant's mental capacity is questioned, the physician has the right to recommend and initiate treatment to participant. It is understood and agreed that participant assumes all liability for treatment and any and all medical expenses incurred as a result of training for and/or participation in the Event, including but not limited to ambulance transport, hospital stays, physician and pharmaceutical goods and services. I grant to FAPAPBC and its sponsors, licensees the exclusive right to the free use, without compensation, of my name, my voice, and/or my photograph in any broadcasts, telecasts, advertising, promotions, newspapers, brochures, other media or other account of this Event. I agree to abide by all rules and guidelines of FAPAPBC and not cover, alter or reproduce my running number in any way on pain of my disqualification from this and future events. I acknowledge that my paid entry fee is non-refundable, including if the race is cancelled, and my entry is non-transferable. Participant warrants that all statements made herein are true and correct and understands that the Releases have relied on them in allowing the individual to participate in the Event. Race Cancellation: Participant acknowledges and agrees that FAPAPBC, collectively "Race Management" in its sole discretion, may delay or cancel the Event if it believes conditions on race day are unsafe. In the event the Event is delayed or cancelled for any reason, including but not limited to: fire, threatened or actual strike, labor difficulty, work stoppage, insurrection, war, public disaster, flood, unavoidable casualty, acts of god or the elements (including without limitation, rain, hail, hurricane, tornado, earthquake), or any other cause beyond the control of Race Management there shall be no refund of the entry fee or any other costs of participant in connection with the Event.

PARTICIPANT HAS READ THE FOREGOING AND INTENTIONALLY AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT

DATE SIGNED

Signature Acknowledging Waiver of Liability

Printed Name

(NOTE: Parent or Guardian must sign if under 18)

EMERGENCY CONTACT NAME

EMERGENCY CONTACT NUMBER