Madison's Miracles 2nd Annual 5K Run and Family Walk
For Babies Gone Too Soon

Saturday, November 4, 2017

Location: Stuart Memorial Park
300 SE Ocean Blvd. Stuart, FL 34994

Pre-Race Packet Pickup – November 3rd 2pm to 6pm @ Fleet Feet in Stuart
Race Check In opens at 6:15am/ Race Starts Promptly at 7:30am

Entry Fee: 5K Run $30.00 ($40 after 10-16-17)
2K Family Walk $20.00 for Entire Family ($40 after 10-16-17)

Use Entry form below or register online at www.runsignup.com – Madison's Miracles

*Paper registration closes 10-27-17 / Online Registration closes 11-02-17

SWAG: MCM Timing with computer chip start to finish, shirts to the first 150 runners, awards to overall Male/Female, Masters, Male/Female winners and age group awards three deep in 5 - year age groups from 10 and under to 75 and over. All 2k walkers will receive a ribbon for participating. Two water stops on 5k course and refreshments available afterwards.

For more information contact info@madisonsmiracles.com
www.madisonsmiracles.org

Make checks payable to: Madison's Miracles * **Mail to:** P.O. Box 241, Stuart, FL 34995

Name: _____ Gender: M F Age: _____ DOB: _____ Phone:_____

Address: (city, state, zip) _____ Shirt Size (5k runners only) _____

Entry Type: _____5k _____ 2k Family walk (shirt not included) Email: _____

Credit Card Number: _____Expiration date:_____ CVC: _____

Check if same as above: _____ Billing Address:_____

Wavier on back, Please sign and date

Waiver & Liability Release (Requires Signature)

In consideration of you accepting this entry, I. the participant, intending to be legally bound do hereby waive and forever release any and all right and claims for damages or injuries that I may have against the Event Director, RunSignUp.com, and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

I know that running a road race is potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic and course conditions, and waive any and all claims which I might have based on any of those other risks typically found in running a road race. I acknowledge all suck risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the competition of this event and that a licensed Medical Doctor has verified my physical condition.

I realize that participation in this activity involves risks of injury, including but not limited to loss of future earning capacity, loss or damage to personal property, various degrees and severity of injuries, all other possible risks of injury and even death which occur by reason of me/my child's participation and release MCM Timing and Results, LLC and Madison's Miracles, Inc., and The City of Stuart, sponsors or directors there from. I voluntarily choose to participate, or allow my child to participate, assuming all risks. In the event of illness, injury or medical emergency arising during the event, I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization.

By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years of age) having read and agreed to the to the above Waiver and Liability Release.

Signature of Participant/ Parent or Guardian: _____

Date: _____