W.A.G.S. WONDER RUN 5K

Saturday, August 11, 2018
9:00am
Coe Lake Park
7 Berea Commons
Berea. OH 44017

5K Run or One Mile Walk And Roll (For Those In Wheel Chairs, Scooters or Strollers)

REGISTRATION FORM

(Complete and sign one per adult participant, include minors on parent form)

PLEASE CHOOSE AN OPTION:

1 MILE WALK & ROLL _____ $15 Adult (Age 14 & Over) _____ $10 Youth (Under Age 14)

3.1 MILE (5K) RUN _____ $25 Adult (Age 14 & Over) _____ $20 Youth (Under Age 14)

T-SHIRTS ADULT SIZES __ S __ M __ L __ XL __ 2x __ 3X CHILD SIZES __ S __ M __ L __ XL

****T-SHIRT IS $10 EACH IN ADDITION TO YOUR REGISTRATION & WILL BE MAILED TO YOU****

ADULT PARTICIPANT NAME: _____

MINOR PARTICIPANT(S) NAME: _____

ADULT SIGNATURE: _____

WAIVER/AGREEMENT/NOTICE OF PHOTOGRAPHY:

In consideration of the acceptance of my entry to the **Wonder Run 5K + 1 Mile Walk & Roll** and on behalf of myself, my heirs, executors, and administrators, I hereby waive, release, and discharge the City of Berea, Working Animals Giving Service For Kids, and all affiliated hosts and sponsors, or their agents, representatives, and employees from all claims, demands, and causes of action, present and future, whether known, anticipated, or unknown, resulting from or arising out of my participation in the Wonder Run 5K + 1 Mile Walk & Roll. I attest that I am physically fit, that I have sufficiently trained for the event, and that I am aware of the inherent risks. I have read and understand the foregoing waiver, assumption of risk, and release. I further grant my permission to the organizers to use photographs of me for legitimate promotional purposes. All entry fees are non-refundable.

I understand that this location is being used to photograph and record film footage in connection with the Wonder Run 5K + 1 Mile Walk & Roll benefiting W.A.G.S. 4 Kids. By my presence at this location (Coe Lake Park, City of Berea) I acknowledge that I have been informed that I may be photographed and recorded as part of the release in a future Electronic Press Kit and/or any media now know or hereafter devised, in perpetuity throughout the universe and the advertising and publicity thereof. Further, by my presence at this Event, I grant my permission for my likeness and voice to be included therin without restriction, compensation, credit or other consideration.

___(Initial) I have read & understand this Release, and declare all information is truthful & accurate.

PAYMENT INFO

Individual / Team Donations ☐ **$20** ☐ **$50** ☐ **$100** ☐ **$250** ☐ **$500** ☐ **Other $_____**

Grand Total! $ _____ ☐ **Check (Made Payable to W.A.G.S. 4 Kids)** ☐ **MC** ☐ **VISA** ☐ **AMEX**

Credit Card Number: _____ Expiration Date _____

Billing Zip Code: _____ CVV Code _____

E-mail (to send receipt to): _____ Invite Me To Future Events! _____

Questions? Contact:

Dan Saracina // truepeaceracing@gmail.com // (216) 538-8748 **OR**

Amanda Huffman // amanda@wags4kids.com // (216) 586-5853 ext. 8