



BERT FISH
MEDICAL CENTER

RACE APPLICATION

NAME: _____ EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ SEX: _____ D.O.B.: _____ AGE DAY OF RACE: _____

Please choose the following: Run 5K _____ Walk 5K _____

T-SHIRT SIZE: YOUTH S _____ M _____ L _____

ADULT S _____ M _____ L _____ XL _____ XXL _____

5K WALK/RUN - \$20 (PRE-REGISTERED PRIOR TO 02/08/14), \$25 (DAY OF RACE)

STUDENTS 5K WALK/RUN

PAYMENT: CASH _____ CHECK _____ BFMC PAYROLL DEDUCT _____

WAIVER

I acknowledge that there are known and unknown risks in participating in this event. I am medically able to participate and assume all risks associated with participation including, but not limited to, falls, contact with other participants, weather hazards, traffic, and condition of the road. Such risks could result in serious injury to me including sprains, strains, contusions, abrasions, fractures, scrapes, bumps, bruises, cuts, lacerations, soft tissue damage, dislocations or even death. Despite the known and unknown risks, I voluntarily agree to release and forever discharge Bert Fish Medical Center, Inc., its employees, agents or volunteers and hold them harmless from any claims or damages whatsoever even though such damages may arise out of the negligence of personnel staffing the event. This release is valid for the day of the event. I understand that I am responsible for the costs of any injury or damage incurred due to my participation in the event. I hereby authorize event organizers to contact emergency medical personnel for serious injuries. Bert Fish Medical Center shall have no duty, obligation or liability arising out of the provision of, or failure to provide, medical treatment. If the participant is a minor, I am the parent or legal guardian of said minor and authorize the minor's participation in the event under the same conditions as set forth above.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF BERT FISH MEDICAL CENTER USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT

AND YOUR RIGHT TO RECOVER FROM BERT FISH MEDICAL CENTER IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND BERT FISH MEDICAL CENTER HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

_____ Date _____

Signature of Applicant/Runner

_____ Date _____

Signature of Parent/Guardian if Entrant under 18 yrs of age

WHEN: Saturday, February 8th RUNNERS START AT 9:00AM, WALKERS START AT 9:15AM

WHERE: RACE STARTS & FINISHES at Bert Fish Medical Center Oncology Parking lot: where Palmetto and Smith Street meet. PACKET - RUN BAG PICK UP: Friday, February 15th from 5:30-7:30 at Bert Fish Medical Center in the Schildecker Lobby.

DAY OF RACE: Registration will take place from 7:30am until 8:45am at Bert Fish Medical Center, Oncology Parking lot.

PARKING: Spaces are available on the street or Bert Fish Medical Center employee lot on Live Oak St.

AGE DIVISIONS: (Male & Female)

AWARDS: Top 3 Overall Male & Female Top 3 in each age group 7 & under, 8-9, 10-11, 12-14, 15-17, 18-24, and then every 5 years after that

AWARDS CEREMONY: Following the event at 11:00AM, refreshments will be available to all participants

FEE SCHEDULE: PRE-REGISTER BEFORE FEBRUARY 8TH @ \$20 DAY OF RACE @ \$25

T-SHIRTS: FREE TO FIRST 250 REGISTRANTS. T-SHIRTS ARE NOT GUARANTEED TO LATE REGISTRANTS

MAKE CHECKS PAYABLE TO: Bert Fish Medical Center (BFMC) Foundation 401 Palmetto St New Smyrna Beach, FL 32168

Register online at: <http://www.redpointerrunning.com/>