



## 5K Walk to benefit The American Cancer Society

August 19, 2017

6:30 AM

Notasulga, Alabama

**One registration form is required per participant.  
Deadline 8/10/2017**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_ / \_\_\_ / \_\_\_ Gender \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

### Payment

_____ Early Registration by July 31, 2017	\$25.00
_____ Adult Registration (13 and above)	\$35.00
<b>My Personal Donation to help find the cure</b>	_____

**Total** \_\_\_\_\_

Enclosed is my check for \$\_\_\_\_\_ payable to **Women In Network**

**T-shirt size: Adult: S M L XL XXL**

**T-Shirts will be provided to all registered participants.**

**Those registering on race day will receive shirts on a first-come first-served basis.**

**Waiver:** I hereby declare, assert and affirm that participation in 5K cancer Walk is done having voluntarily and knowing assumed ALL RISKS involved in this Special Event. The immediate physical risks and hazards associated with normal, vigorous physical activity include (but are not limited to) physical discomfort, fatigue, muscular soreness, falls, pulled or strained muscles, overuse injuries, heat stress, and the rare instance of abnormal responses of the cardio-respiratory system including heart arrhythmia, heart attack, stroke, and sudden death. In consideration of acceptance of this contract allowing my participation in the above stated Special Event and intending to be legally bound thereby, I hereby for myself, my heirs, executors, administrators and assigns, WAIVE AND RELEASE any and all rights and claims for negligence, injuries, damages or losses that I may incur against all participating agencies involved in the above stated Special Event, specifically Women In Network and The Town of Notasulga, and their respective employees, agents, representatives, successors and assigns, for any and all activities connected with the above Special Event. I also understand that I do hereby WAIVE any and all rights or benefits under the laws for any injury incurred as a result of my participation in this event, including disregard of the posted route. **Signature on back of form \*\*\*required (Over)**

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Parent/Legal Guardian must sign if  
participant is under the age of 18

For questions please contact us at Email: [nwomenin@yahoo.com](mailto:nwomenin@yahoo.com)

Send your completed form to: Women In Network, P O Box 243, Notasulga, Alabama 36866