

When: Saturday, March 25th, 2017
Where: Fort Braden School
15100 Blountstown Hwy
Tallahassee, FL 32310

SPECIAL THANKS TO OUR SPONSORS



Time: 8:30 am (Registration begins at 8 am.)
Entry Fee: \$10-No T-Shirt Early Registration (prior to March 22nd)
\$15 With T-shirt Early Registration (prior to March 22nd)
\$18 Race Day Registration (Includes T-shirt)
\$8 T-Shirt ONLY



Registration: Register by mailing/leaving in front office completed form with payment to:

Fort Braden School
15100 Blountstown Hwy
Tallahassee, FL 32310
Attn: Ashley Prosser



-OR-

email Ashley Prosser @ prossera@leonschools.net for a link and directions to donating online.

Name: _____

Gender (Circle): Male Female **DOB & Age on 3/25/17** _____

Address: _____

City, State, Zip Code: _____

Phone: _____ **E-mail:** _____

T-Shirt Size (Circle): Youth: S M L Adult S M L XL XXL

* Make checks payable to *The Fort Braden Relay For Life Team*

WAIVER: In consideration of your acceptance of my entry as a participant in the "Fort Braden Fund Run" charity walk/run, I, the undersigned, for myself, my heirs, executors, administrators and assigns, waive and release any and all claims for damages, for death, personal injury or loss of property against Fort Braden School, its officers and directors, members or representatives and all volunteers and others promoting or assisting in anyway the promotion or organization of Fort Braden School, which may arise from my participation in this walk on March 25th, 2017 or while traveling to or from the event, even if caused in part by the negligence or negligent actions or other fault of the parties or persons I am hereby releasing by the dangerous or defective condition of any property or equipment owned, maintained or controlled by them and/or because of the liability without fault. My participation is voluntary and done at my own risk. I understand that running a road race is potentially hazardous activity and that I should not enter unless I am medically able and properly trained. I attest that I am physically fit and sufficiently trained for the competition of this event. I fully understand I am forever giving up in advance any right to sue or make claims against the parties I am releasing if I suffer injuries and damages even though I do not know to what extent those injuries and damages might be and am voluntarily assuming the risk of such injuries and damages. I will assume my own medical and emergency expenses in the event of an accident or other incapacity or injury resulting from or occurring in my participation. I have read and understand everything written above and I voluntarily sign this agreement.

SIGNATURE: _____ **Date:** _____

Signature of Parent or legal guardian if under 18 years of age.