2010 5K for a Better Day Application

Official Use
Race Number

Make checks payable to: Broward Health Foundation
Mail to:
5K for a Better Day
2211 Charleston Street
Weston, FL 33326

_____ _____ _____ ( ) ( )
Last Name First Name Age on Race Day Male Female

_____
Mailing Street Address (Indicate Apt. No. and /or C/O)

_____ _____ _____
City State Zip Code

_____
E-mail

Birthdate: _____ _____ _____ _____
Month Day Year Emergency Contact Telephone

Entry Fees	Pre-Reg	Race Day	Event	Check One
Adults	$25.00	$30.00	5K Run	( )
Students (19 & Under)	$20.00	$30.00	Fitness Walk	( )
Kids Fun Run & Youth Mile	$5.00	$10.00	Kids Fun Run	( )
			Youth Mile	( )
( ) Donation $_____			Wheelchair	( )

T-Shirt Size: Small ( ) Medium ( ) Large ( ) X-Large ( )

In consideration of accepting this entry, I, the undersigned, intending to be legally bound hereby, for myself, my heirs, executors and administrator, waive and release any and all rights and claims for losses and damages I may have against the sponsors of the 2010 5K for a Better Day, including their representatives, successors, and assigns for any and all injuries sustained by me in this event, including pre- and post-race activities. I attest and verify that I am physically fit and have sufficiently trained for the completion of this athletic event and competition, which I am voluntarily entering at my own risk. My physical condition has been verified by a licensed medical doctor. Further, I hereby grant full permission to any and all foregoing to use photographs, videotapes, motion pictures, recordings or any other record of this event for any purpose whatsoever.

_____ _____
Signature Date

_____ _____
Signature of Parent or Legal Guardian (if Under Age 18) Date