



Bob Swanson Fourth Annual 5K Walk/Run
Sunday, April 25, 2010 - 7:30 a.m. (Registration begins at 6:30 a.m.)
Gardens Mall (PGA Blvd – East of I-95)

Complete all information on this form for each person participating in the Fourth Annual 5K Walk/Run.
Each person must sign the waiver. Participants under the age of 18 will require parental permission and signature to participate. Once completed, mail this form and the registration fee of **\$25 per person** (\$30 on race day) to: Give A Life Foundation, PO Box 31688, Palm Beach Gardens, FL 33420-1688
P: 561.630.3580 . Email: info@givealife.org

First Name _____ Last Name _____

Address _____

City _____ Zip Code _____ State _____

E-mail Address _____ Phone Number (_____) _____

Are you an Organ Transplant Recipient? _____ Are you an Organ Transport Donor? _____

List ALL Participants Below: (including primary participant)

Total # of Participants: _____

Participant #1 _____ Email Address _____

Gender: M____ F____

Birth Date (ex. 08/09/66) _____ Age _____

Choose Your Event: Race ___ Walk ___

T-shirt Size: Sm ___ Med ___ Large ___ X-Large ___

Participant #2 _____ Email Address _____

Gender: M____ F____

Birth Date (ex. 08/09/66) _____ Age _____

Choose Your Event: Race ___ Walk ___

T-shirt Size: Sm ___ Med ___ Large ___ X-Large ___

Participant #3 _____ Email Address _____

Gender: M____ F____

Birth Date (ex. 08/09/66) _____ Age _____

Choose Your Event: Race ___ Walk ___

T-shirt Size: Sm ___ Med ___ Large ___ X-Large ___

Participant #4 _____ Email Address _____

Gender: M____ F____

Birth Date (ex. 08/09/66) _____ Age _____

Choose Your Event: Race ___ Walk ___

T-shirt Size: Sm ___ Med ___ Large ___ X-Large ___

Participant #5 _____ Email Address _____

Gender: M____ F____

Birth Date (ex. 08/09/66) _____ Age _____

Choose Your Event: Race ___ Walk ___

T-shirt Size: Sm ___ Med ___ Large ___ X-Large ___

Please have each participant read and sign the waiver below. Include this in your mail-in application. Minors will require a legal guardian's signature in order to participate. Please indicate this on the signature lines below.

WAIVER

I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in this event. I am a voluntary participant in this event, and in good physical condition. I KNOW THAT THIS EVENT IS A POTENTIALLY HAZARDOUS ACTIVITY AND I HEREBY ASSUME FULL AND COMPLETE RESPONSIBILITY FOR ANY INJURY OR ACCIDENT WHICH MAY OCCUR DURING MY PARTICIPATION IN THIS EVENT OR WHILE ON THE PREMISES OF THIS EVENT, AND I HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST THE BOB SWANSON GIVE A LIFE FOUNDATION INC., SOUTH FLORIDA STRIDERS, ACCUCHIP TIMING INC., ANY AND ALL LOCAL AFFILIATES AND ANY AFFILIATED INDIVIDUALS, ANY RACE SPONSORS AND THEIR AGENTS AND EMPLOYEES, AND ALL OTHER PERSONS OR ENTITIES ASSOCIATED WITH THIS EVENT (THE "RELEASEES") FROM ANY LOSS, LIABILITY OR CLAIMS I MAY HAVE ARISING OUT OF MY PARTICIPATION IN THIS EVENT, INCLUDING PERSONAL INJURY OR DAMAGE SUFFERED BY ME OR OTHERS, WHETHER SAME BE CAUSED BY FALLS, CONTACT WITH PARTICIPANTS, CONDITIONS OF THE COURSE, NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

If I do not follow all the rules of this event, I understand that I may be removed from the competition. I give my full permission to the Bob Swanson Give A Life Foundation and its local Affiliates and Races and their sponsors and corporate sponsors to use any photographs, videotapes, audiotapes or other recordings of me that are made during the course of this event. I understand that this Waiver and Release may be stored electronically and agree that a copy is authentic and admissible as evidence in any future dispute or proceeding.

Participant #1 _____ Date ____ / ____ / ____ Self ____ Guardian ____

Name of minor participant if applicable _____

Participant #2 _____ Date ____ / ____ / ____ Self ____ Guardian ____

Name of minor participant if applicable _____

Participant #3 _____ Date ____ / ____ / ____ Self ____ Guardian ____

Name of minor participant if applicable _____

Participant #4 _____ Date ____ / ____ / ____ Self ____ Guardian ____

Name of minor participant if applicable _____

Participant #5 _____ Date ____ / ____ / ____ Self ____ Guardian ____

Name of minor participant if applicable _____