5th Annual Special Olympics 5K
a GWTC Grand Prix Event
January 23, 2010
FSU Mike Long Track

*On-Line Registration Available at www.sofl-leon.org or http://www.active.com

Times: **7:30 AM** Registration
8:30 AM 1K (Special Olympics/Special Needs Athletes)
9:00 AM 5K Race

Registration: **$12** (by 12/31/2009)
$15 (thru 01/18/2010)
$20 (01/19 – 01/23/2010)
*$**10** no T-shirt option*

FREE *Special Olympics/Special Needs Athletes*

Registration: $_____

Additional Donation: $_____

$_____

Enclosed: $_____

Check or Money Order to: ***Special Olympics Leon County***

Mail Registration form to: ***Terry Massa, Judy Alexander, Race Directors***
Special Olympics Leon County
317 E Call Street
Tallahassee, FL 32301

Contact Information:
Phone: (850) 597-9265
Email: ***leoncountyspecialolympics@yahoo.com***
Website: ***www.sofl-leon.org***

REGISTRATION

Last Name:_____ **First Name**_____

Address:_____ **City:**_____ **State:**_____ **ZIP:**_____

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

Gender: ◯ **Male** ◯ **Female** **Date of Birth:** ____ / ___ / _____ (M M / D D / Y Y Y Y) **Age day of race:**_____

T-Shirt Size: ◯ **XS** ◯ **S** ◯ **M** ◯ **L** ◯ **XL** ◯ **XXL** ◯ **XXXL**

SPECIAL OLYMPICS FLORIDA
RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY, AND PARENTAL CONSENT AGREEMENT ("AGREEMENT")

In consideration of participating in the **Special Olympics 5K (“**Activity”), I represent that I understand the nature of walking/running activities and that I and/or my minor child am qualified, in good health, and in proper physical condition to participate in such Activities. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity and upon which traffic hazards are to be expected. I acknowledge that if I and/or my minor child believe event conditions are unsafe, I and/or my minor child will immediately discontinue participation in the Activity.

I fully understand that walking/running events involve risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I and/or my minor child incur as a result of my and/or my minor child’s participation in the Activity.

I hereby release, discharge, and covenant not to sue Special Olympics, Inc., Special Olympics Florida, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my and/or my minor child's behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost which any may incur as the result of such claim.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, AND PARENTAL CONSENT AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extend allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

_____
Printed name of participant

_____
Signature of Participant (only if age 18 or over)

Date:_____

_____
Signature of Parent/Legal Guardian (if participant under age 18)