

OFIT GYM PRESENTS

fit for life **5K & 10K** RUN/WALK **SUNDAY, MAY 31, 2015**

10:00am start • 400 2nd Ave West, Centennial/Myrtle Park

Registration Form

(One registration form is required per participant)

I am registering for the: 5K 10K **I plan to:** Run Walk **First time participant?** yes

Last Name		First Name		School	
Address		City	State	Zip	Phone
Email	Date of Birth	Age	Gender: <input type="radio"/> M <input type="radio"/> F		

T-Shirts will be provided to all pre-registered runners. Those registering on race day will receive shirts on a first-come first-served basis. Available sizes are:

YOUTH: S M L ADULT: S M L XL XXL (please check one)

PAYMENT

- | | |
|---|---------|
| <input type="radio"/> 5K Adult Pre-registration (until 4/30/15) | \$35.00 |
| <input type="radio"/> 10K Adult Pre-registration (until 4/30/15) | \$40.00 |
| <input type="radio"/> 5K Adult Registration (5/1/15 through Race Day) | \$40.00 |
| <input type="radio"/> 10K Adult Registration (5/1/15 through Race Day) | \$45.00 |
| <input type="radio"/> 5K Youth 17 & under | \$30.00 |
| <input type="radio"/> 10K Youth 17 & under | \$35.00 |
| <input type="radio"/> Kid's Dash (7 & under) | FREE |

Sub-Total _____ \$

I would like to make a donation of \$_____ to go directly to:

- | | |
|---|---|
| <input type="radio"/> John Hay Elementary | <input type="radio"/> Frantz Coe Elementary |
| <input type="radio"/> Queen Anne Elementary | <input type="radio"/> McClure Middle School |

Total _____ \$

Enclosed is my check for \$_____ payable to the OFIT Corporation



You may also register online at <http://ofitgym.com/fit-for-life-5-10k-run-walk>

fit for life 5K & 10K RUN/WALK

Participant Waiver

I hereby declare, assert and affirm that participation in the FIT FOR LIFE 5K/10K Run/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 OFIT Corporation, John Hay Elementary, Frantz Coe Elementary, Queen Anne Elementary, McClure Middle School, BuDu Racing, City of Seattle, Parks Department of Seattle, and Port of Seattle, 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 State of Washington Worker's Compensation laws for any injury incurred as a result of my participation in this event, including disregard of the posted route.

First and last name

Date

Signature (Parent/Legal guardian must sign if participant is under the age of 18)

Please return this signed form to one of the following locations:

OFIT Gym 400 2nd Ave West Suite 220, Seattle, WA 98109, Attn: FIT FOR LIFE

John Hay Elementary Volunteer Office

