2010 CHILD'S STROLLER/JOGGER FAX REGISTRATION FORM
Fax this form to: (612) 722-5414

Strollers/Joggers allowed in 5K event ONLY

BIB # _____
For Office Use Only

Child's Name:
Last First MI

Age: Birthdate: – – Gender: ☐ Male ☐ Female
(Age on April 24, 2010) Month Day Year

Address:

City:

State: Zip: Phone: – –

Parent's Name:
Last First MI

Parent's Event: ☐ **5k**

E-mail _____

Would you like to make a donation to 2nd Harvest Heartland? Enter Donation Amount Here: $ _____
(Amount will be added to total - to find out more go to www.2harvest.org)

WAIVER

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with participating in this event including, but not limited to; falls, contact with other participants or spectators, the effects of the weather-including heat or high humidity-traffic or the conditions of the road surface, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act for my behalf, waive and release the Get in Gear, INC., the management personnel, the Minneapolis and St. Paul Park Boards and all sponsors of the event, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability might arise out of negligence or carelessness on the part of the persons named in this waiver.

I understand that this event is being timed using ChampionChip technology and I will be assigned a timing chip. I agree to accept responsibility for the chip and will return it after the event. My failure to return the chip may result in a $30.00 assessment.

I understand my failure to abide by the prohibition of headphone devices will result in rejection of medical and liability insurance coverage should incidences arise on the course affecting me.

I hereby irrevocably consent to and authorize the use and reproduction by Get in Gear, Inc., or anyone authorized by Get in Gear, Inc., of any and all photographs and video taken of me for any purpose whatsoever, without further compensation. All photographs and videos shall constitute Get in Gear, Inc. property.

I have read and agree to the above.

Parent's Signature: _____ Is this your first Get in Gear race? (circle one) Yes No

Get in Gear, Inc., P.O. Box 6727, Minneapolis, MN 55406-0727
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