



9th Annual Race 4 The M.I.N.D.S. 5K Run/Walk and 1 Mile Fun Run

Saturday, October 3, 2020 at Peace Valley Park, Doylestown, PA (Sailors Point)

Registration:

Checks made payable to 4 The MINDS. All registration fees are non-refundable.

\$25 per adult for the 5K Race/Walk (\$30 day of race)

\$5 per child (12 and under)

*Please complete 1 registration form per participant

Registration Type: [] 5K Runner [] 5K Walker [] 1 Mile Fun Run

First Name: _____ Last Name: _____ Gender: M F

Email: _____ Phone: _____ Age (Day of Race): _____

Address: _____ City: _____ State: _____ Zip: _____

Shirt Size: [] YM [] S [] M [] L [] XL

In consideration of my entry being accepted in the Race 4 The M.I.N.D.S. 5K Race/Walk event sponsored by the 4 The M.I.N.D.S. (Mental Illness No longer Defines Someone), intending to be legally bound, do hereby, for myself, my heirs, executors, and assigns, waive, release, and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me against the 4 The M.I.N.D.S. or any other subsidiary or political division thereof, its or their respective officers, agents, representatives, successors, assigns, sponsors and employees for any and all damages which may be sustained and suffered by me with my association with or entry of participation in Race 4 The M.I.N.D.S. 5K Race/Walk event. I further state that I am in proper physical condition to participate in this event and that as of the date of the event, I shall be in the same condition or I will not participate in such event. I agree that none of the above parties are under any obligation to provide a physical examination or other evidence of my fitness to participate in the race, with this being my sole responsibility. I also give permission for the free use of my name and picture in any broadcast, telecast, or other written account of the event. In the case the entrant is a minor, the below signature of the minor's parent or legal guardian is mandatory as evidence of such parent's or legal guardian's waiver, certification and consent of the foregoing. ALL PERSONS UNDER THE AGE OF 18 must have written consent of their parents or legal guardian to compete in Race 4 The M.I.N.D.S. 5K Race/Walk event. The 4 The M.I.N.D.S. does not carry accident or hospitalization insurance on any event participant. It is recommended that participants review their own personal insurance policy for adequate coverage during all event activities. I HAVE READ AND UNDERSTAND THIS WAIVER.

Signature: _____ Date: _____

The undersigned parent or guardian hereby consents to the applicant's participation and waives and releases all rights and claims for damages as is more fully set above.

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

Parent/Legal Guardian Name (Print): _____ Date: _____

No application will be processed without signed waiver. Race officials reserve the right to disqualify any runner for inappropriate action or behavior.

[] Yes, Please Add Me to Email List [] No, I do not wish to receive emails

Any questions please contact us at 4TheMINDS@gmail.com