

37th ANNUAL KIWANIS-VIRGINIA STREET DERMATOLOGY MIDNIGHT RUN REGISTRATION

(Complete Registrations are required - All information is confidential)

For information call: Joe Garrison (727) 535-2257· On Line Registration at Active.com

OFFICIAL USE ONLY

PRE-REGISTRATION FEES

Race Night Age:	<u>13 or under</u>	<u>14 or over</u>	<u>14 or over</u>	<u>Race Night Fee</u>
Select your Race (Start Time)		<u>Until 5/31/16</u>	<u>After 5/31/16</u>	
One Mile Run/Walk (11:00 p.m.)	\$ 8.00	\$10.00	\$15.00	\$20.00
5K Run (11:25 p.m.)	\$20.00	\$25.00	\$30.00	\$35.00
10K Run (12:15 a.m.)	\$20.00	\$30.00	\$35.00	\$40.00
BOTH One Mile and 5K	\$25.00	\$35.00	\$40.00	\$45.00
BOTH One Mile and 10K	\$25.00	\$35.00	\$40.00	\$45.00
BOTH 5K and 10K	\$30.00	\$40.00	\$45.00	\$55.00
One Mile, 5K, 10K	\$35.00	\$45.00	\$50.00	\$60.00

Make checks payable to
KIWANIS MIDNIGHT RUN
Mail to:
Post Office Box 1221
Dunedin, FL 34697-1221

Name (First) _____ Name (Last) _____

Address or PO Box _____ Apt. _____

City _____ State _____ Zip _____

Phone _____ Sex M _____ F _____ Age (as of 7-3-2016) _____

E-Mail address _____

LIABILITY RELEASE: In consideration of the acceptance of my entry in the 37th Annual Kiwanis-Virginia Street Dermatology Midnight RUN ("the RUN"), I, for myself, my heirs, executors and assigns, do hereby release and discharge the City of Dunedin, Pinellas County, Kiwanis Club of the Top of the Bay, Inc., Kiwanis Club of the Top of the Bay Foundation, Inc., The Kiwanis Club of Dunedin, Inc., Dunedin Kiwanis Foundation, Inc., Kiwanis International, Kathleen P. Soe, D.O., Dermatology, P.A., d/b/a Virginia Street Dermatology, BayCare Health System, Inc., all RUN sponsors, the owners of Dunedin Causeway Plaza, Walvekar Florida Properties, LLC, Suzanne Henslee, and all officials and volunteer-workers of the RUN, and their respective agents, employees, executors, administrators, successors and assigns, (hereinafter the "RELEASEES"), from all liability whatsoever, whether foreseen or unforeseen, and from any and all claims, damages, bodily injury, property damage or death arising out of or in the course of my participation in the RUN including, but not limited to, any injuries suffered by me based on the negligence of the above RELEASEES. I verify that I have full knowledge of the risks involved in this RUN, which is held at night, and I am medically fit to participate. In the event the RUN is cancelled for any reason, I understand that entry fees will not be refunded, and I will consider such fee as a donation to the RUN. I give my permission for the free use of my name and/or picture in any broadcast, telecast or other promotion of the event. To the extent that any provision of this Liability Release is determined to be unenforceable, I understand that the remaining provisions of this Liability Release shall still be enforceable and that any recovery shall be limited to the available insurance coverage insuring the RELEASEES. I further state that I am of lawful age and legally competent to sign this release on my own behalf and/or on behalf of my minor child; that I understand the terms herein are contractual and not a mere recital; and that I have signed this document of my own free will. *I acknowledge that bicycles, skateboards, baby carriage joggers, roller blades, animals, or radio headsets, shall be prohibited in the RUN (*See below NOTICE TO MINOR CHILD'S NATURAL GUARDIAN, WHICH IS PART OF THIS RELEASE).*

(*)NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE RELEASEES NAMED ABOVE IN THIS LIABILITY RELEASE USE(S) REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM RELEASEES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND RELEASEES HAVE/HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Signature of Adult RUN Participant: _____ Date: _____

Print Name of Adult RUN Participant: _____ Date: _____

Signature of Parent or Legal Guardian if
RUN Participant is a Minor (under 18-years old): _____ Date: _____

Print Name of Parent or Legal Guardian: _____

Print Relationship to Minor (Father, Mother, or Legal Guardian): _____