

# Fairfield County Heart Walk & 5k Run Registration Form



Heart Walk.

## Day of Event Registration

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_ Email: \_\_\_\_\_

**BIB #** \_\_\_\_\_

**\*All fields must be completed**

\*Day of event adult: \$35

\*Runner / Walker (please circle)    \*Male / Female (please circle)

\*Age Range: 19 and under   20-29   30-39   40-49   50-59   60-69   70-79   80 and above

\*Are you a Heart Disease/Stroke Survivor? Yes/No (circle one)

\* T-Shirt Size:   S    M    L    XL

\* Payment Type: CHECK # \_\_\_\_\_ CASH    CREDIT CARD (circle one) AMOUNT:\$ \_\_\_\_\_

### Fairfield County Heart Walk & 5K Run Release and Indemnification

The Fairfield County Heart Walk & 5K Run involves running/walking-activities which may include risks such as, but not limited to, falls, interaction with other participants, effects of weather, traffic and conditions of the road. In consideration of being allowed to participate in this event, I hereby expressly assume all risks, including personal injury and death, arising in any way out of my participation in the Fairfield Heart Walk & 5K Run and related activities. It is my responsibility to dress appropriately. Although route maps, rest stops, refreshments, and other assistance may be made available during this event, I am solely responsible for my own health and safety. I represent and warrant that I am physically fit and able to participate in this event and I agree to stop and request assistance if I experience any symptoms such as, but not limited to, dizziness, excessive fatigue, shortness of breath, pain or any other conditions which would make it difficult or unsafe to continue. I agree, for myself, my heirs, executors and administrators, to not sue and to release, indemnify and hold harmless, the American Heart Association, Inc., its affiliates, officers, directors, volunteers and employees, and all sponsoring businesses and organizations and their agents and employees, from any and all liability, claims, demands, and causes of action whatsoever, arising out of my participation in this event and related activities - whether it results from the negligence of any of the above or from any other cause. This release and indemnification agreement shall be as broad and inclusive as is permitted by the State or Province in which the event is conducted. If any portion of it is held invalid, the balance shall continue in full force and effect.

I have read, understand and agree to the terms of this Agreement. **X** \_\_\_\_\_

If Participant is a minor, the parent or guardian must agree to the below: I am the legal guardian of Participant, and I hereby consent to his/her participation. I have read the foregoing release and indemnification agreement, and I hereby agree on behalf of myself and Participant to its terms.

**X** \_\_\_\_\_

## Day of Event Credit Card Form

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Phone:** (     ) \_\_\_\_\_

**Adult: \$35**

### **PAYMENT:**

**Please Bill My:**

Visa    MasterCard    American Express    Discover

In the amount of: \$ \_\_\_\_\_

**\*ACCOUNT NUMBER:** \_\_\_\_\_

**\*EXPIRATION DATE:** \_\_\_\_\_

**\*NAME AS IT APPEARS ON CARD:** \_\_\_\_\_

**\*AUTHORIZED SIGNATURE:** \_\_\_\_\_