

Quackers Riverway 5K presented by Tooth Acres Dentistry

Saturday, June 16, 2018 -Johnny Applesseed Park, Fort Wayne, IN

Registrant Information *(one form per participant)*

Full Name _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Age on 6/16/2018 _____ Gender: Male Female

Phone # _____ Email _____

Emergency Contact Name _____

Emergency Contact Phone # _____

Event Options:

	<u>3/1-3/31</u>	<u>4/1-6/14</u>	<u>Race Day</u>
<input type="checkbox"/> 5K Timed Run/Walk	\$20	\$25	\$30
<input type="checkbox"/> 5K Non-timed Run/Walk	\$20	\$25	\$30

Additional Donation to SCAN \$ _____

TOTAL \$ _____

Payment Method

Check Money Order Visa Mastercard

Checks payable to SCAN, Inc.

Credit Card # _____ - _____ - _____

Exp. Date ____/____/____ CVV # _____

Shirt Size (circle one)

S M L XL XX

Shirt sizes and availability are not guaranteed on race day.



Send form and payment by June 14th to:

Attn: Paige Doellman

SCAN, Inc.

500 W. Main Street

Fort Wayne, IN 46802

In consideration of being allowed to participate in any way in the Quackers Riverway 5K program, its related events and activities, I acknowledge, appreciate, and agree that: 1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and, 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and, 3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Company immediately; and, 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS SCAN, Inc., their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law. 5. I, hereby grant SCAN, Inc. the permission to use my likeness, voice and words in television, radio, film or other form for promotional purposes. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Signature of entrant (or parent/guardian if entrant is under 18 years of age)

Date

SCAN
Preparing parents. Protecting children.