



# TEAM SOLE IMPACT

Fall Training Session  
October 25-January 28, 2012

REMISSION RUN 5K  
JANUARY 28, 2012

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

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

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

City: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Age: \_\_\_\_\_ Grade completed \_\_\_\_\_ School: \_\_\_\_\_

Emergency Contact/Phone # \_\_\_\_\_

Medical Conditions/Allergies \_\_\_\_\_

T-Shirt Size (circle one):

Youth

*Small Medium Large*

Adult

*Small Medium Large*



### Waiver and Release:

I know participating in any event or physical activity is potentially hazardous and dangerous. I am in adequate physical condition to participate. 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 participation in this event including, but not limited to: illness, falls, contact with other participants, the effects of the weather. All such risks are known and appreciated by me. Having read this waiver, I waive and release GIRLS RUN, Inc., its founders, organizers, volunteers, sponsors and charitable recipients from all claims or liabilities of any kind arising out of my participation in this event. I agree and accept that the entry fee is non-refundable and non-transferable. I grant permission to all of the aforementioned to use any photograph, recording or any other record of this event for any legitimate purpose without charge.

Signature of Parent or Legal Guardian: \_\_\_\_\_

### Training Fee \$100

Includes TEAM SOLE IMPACT Registration, Supplies, Training