WellCare's 2010 *Fit Family Run*

5K / I-mile Walk

Saturday May 1, 2010 at Tempe Kiwanis Park

Please complete all fields of this entry form. One entrant per form. No refunds.

Mail-in Registration forms must be received by: April 19, 2010.
Please make checks payable to WellCare Foundation and mail to:
Mail to: WellCare Foundation; 55 E. Lexington Ave.; Phoenix, AZ 85012

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____ Age _____ M/F _____

Email Address _____

Phone Number ___-___-____ Shirt Size S ☐ M ☐ L ☐ XL ☐ XXL ☐

Fees:

Adults 16+ (postmarked by April 19, 2010)	$ 25
Adults 16+ (postmarked after April 19, 2010)	$ 30
Children 5 - 15	$ 15
Children under five	Free
Corporate Team Challenge (teams of 5)	$ 100

Team Name: _____ Are you the Team Captain? ☐ Y/N

Total Amount Enclosed $_____ Method of Payment ☐ Cash ☐ Check Check # _____

Please read and sign:

With my signature, I acknowledge that I know that participating in this event is a potentially hazardous activity. I should not enter and participate unless I am medically able and properly trained. I agree to abide by any decision of the event officials relative to my ability to safely complete the event. I assume all risks associated with participating in the event, including, but not limited to, falls, contact with other participants, spectators or dogs, the effects of the weather, including heat and/or humidity, traffic and the conditions of the course, all such risks being known and appreciated by me. I understand that bicycles, skateboards, roller-skates or blades, and radio headsets are not allowed in the race and I will abide by this guideline. Having read this Waiver and knowing these facts, and in consideration of your acceptance of my entry, I, for myself and anyone entitled to act on my behalf, waive and release WellCare Foundation and the City of Tempe and its agencies and departments, and race directors, staff, volunteers, all sponsors, their representatives and successors, from claims and liabilities of any kind arising out of my participation in this event or related activities, even though such claim or liability may arise out of negligence on my part or negligence on the part of any other person or entity. I grant permission to all the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose without remuneration.

_____ _____

Signature of Participant (or parent/guardian if under 18) Date

Official Use Only
Date Received_____
Received by _____
Race Bib # _____