

K.I.D.S. Foundation Presents - The Race for Innocence

8K/5K/1 Mile, Kids Fun Run/Walk

Last Name: _____ First Name: _____

Address/Apt. # _____

City: _____ State: _____ Zip: _____

M F Date of Birth: _____ Actual Age on Race Day: _____ T-Shirt Size: S M L XL

How Did You Here About the Race? _____

Work Phone: _____ Home Phone: _____

Race Day Emergency Contact, Phone: _____

Email: _____

FOR REGISTRATION CONFIRMATION, AN EMAIL ADDRESS MUST BE PROVIDED

Signed photocopies accepted! Incomplete or unsigned forms will not be accepted. In consideration of my entry being accepted in The Race for Innocence I, intending to be legally bound, do hereby, for myself, my heirs, executors, and assigns, waive, release and forever discharge any and all rights and claims for damages that I may have or which may hereafter accrue to me against The Race for Innocence, K.I.D.S. Foundation, the City of Tampa, Hillsborough County or any subsidiary or political subdivision thereof, its or their respective officers, agents, representatives, successors, assigns and sponsors for any and all damages that may be sustained and suffered by me in connection with my association with or entry or participation in The Race for Innocence. I understand that a physical examination is not required to qualify to run this event and that all competitors participate at their own risk. (If in doubt as to your physical condition to engage in an event as strenuous as these races, it is strongly recommended that you seek the advice of a competent physician.) I also understand that in the event these races cannot be held as scheduled because of an act of God or circumstances beyond control, the race is not liable to refund any money paid by me to participate. I release the rights to any and all photographic material, including film, and computer information the GDCA may wish to release for this event without obligation to me. All persons under 18 years of age must have written consent of parent of legal guardian to compete in teh above-mentioned event. I, the undersigned parent or legal guardian, hereby consent to the applicant's participation and waive and release all rights and claims for damages as is more fully set forth above. I agree to drug testing in accordance with The USA Track and Field and IAAF Rule 144 if I place in the Top 25 overall men and women. I also hereby consent to permit emergency treatment in the event of injury or illness. We reserve the right to reject entry.

Signature of Runner (Signature of Parent/Guardian if Under 18)

Date

5K/8K awards for top 3 M/F - standard 5 year age groups 14 & under to 65+

Entry Fees (please check one)

- 8K Run**
 \$20 - early registration
 \$25 - race day

- 5K Run**
 \$20 - early registration
 \$25 - race day

- 1 Mile, Fun Run/Walk**
 \$15 - early registration
 \$20 - race day

** t-shirts guaranteed only to pre-registered participants*

Donation Amount - \$ _____

TOTAL - \$ _____

PLEASE MAIL THIS FORM WITH PAYMENT TO: P.O. BOX 130185 TAMPA, FL 33681-0185

Make checks payable in U.S. funds to: **K.I.D.S. Foundation**. You can also register online at: www.defendinginnocence.org. For additional information call (813) 727 - 0786 between 9 a.m. and 5 p.m. (EST) **ALL ENTRY FEES ARE NON-REFUNDABLE AND NON TRANSFERABLE.**