



Lend A Hand
ANNUAL 5K WALK
to benefit the
Fort Wayne Sexual Assault Treatment Center
April 25, 2010
1:00 p.m. Registration
2:00 p.m. Walk Begins
IPFW Campus (Dickey Fountain)

REGISTRATION FORM

A \$20 donation is required for each participant over the age of 12.

First Name _____

Last Name _____

Gender: Male Female

Address _____

City _____ State _____ Zip _____

Email Address _____ D.O.B _____ Phone _____ Gender: M F

Team Name: _____

Shirt size: L M S XL XXL XXXL

Emergency contact: _____
Phone _____

Would you like to be contacted for volunteer opportunities? Yes No

***Please make check payable to FTWSATC and mail with this entry form to NAI Harding Dahm, 118 East Ludwig Road, Suite 100, Fort Wayne, IN 46825.**

Signature: _____ Date: _____

Fort Wayne Sexual Assault Treatment Center
5K Walk
April 25, 2010

Liability Waiver and Release
(Must be signed by every participant)

As a participant in the Fort Wayne Sexual Assault Treatment Center 5K Walk I verify that I have read, understand, and accept the terms of this waiver and release.

I understand the nature of this event and the risks involved in participating in this event. I understand that I should not participate unless I am medically able. I agree to abide by any decision made by a Fort Wayne Sexual Assault Treatment Center 5K Walk representative concerning my ability to safely compete in this event.

I understand that while police security will be provided, there may still be traffic on the course. I assume all risks associated with my voluntary participation in this event, including, but not limited to, traffic and other conditions of the course, falls, contact with other participants or volunteers, and the effects of the weather, including extreme temperatures and precipitation.

I give permission to the Fort Wayne Sexual Assault Treatment Center, fire, police and emergency medical personnel supporting the event to obtain and provide medical assistance in the event of an emergency. This permission will include the administration of medicines, surgical treatment, X-ray examination or hospitalization as might be ordered by a licensed medical doctor or certified medical professional. I release and discharge The Fort Wayne Sexual Assault Treatment Center, its officers, directors, race officials, security personnel or police, fire, emergency and medical personnel, and representatives of NAI Harding Dahm and sponsors supporting this event, from any liability for any first aid rendered or treatment performed in pursuant to this consent.

I grant the Fort Wayne Sexual Assault Treatment Center permission to use any photographs, motion picture recordings or any other record of this event for any legitimate purpose.

Knowing these facts, for, and in consideration of, my participation in this event, I, for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not to sue and fully release and discharge the Fort Wayne Sexual Assault Treatment Center, race sponsors, race participants, race officials, race suppliers, workers, volunteers, and any and all officers, directors, employees and other representative of the foregoing, and any successors or assigns of the foregoing, from any and all damages, claims, liability they may suffer or incur as a result of said minor or other individuals participation in the event, including but not limited to court costs and attorney fees.

Participation in this event is expressly conditioned upon agreement to this waiver and release and by signing this entry form I understand and agree with all terms of this waiver and release.

I have read, and understood, and accept the agreement above.

Signature of participant/Signature of participant's parent or legal guardian if participant is under 18.