



# Annual Better Bodies/I Have Wings 2010 Walk-A-Thon

**Saturday, August 7, 2010**

**Dixie Heights High School**

**3010 Dixie Highway**

**Ft. Mitchell, KY 41017**

**Our annual walk-a-thon is a fun and fit activity for any age group, with all participants reaching for their personal best distance. Participants set realistic lap goals based on age and development.**

*Thank you for your participation in our first walkathon! Our goal is to raise \$5,000 to help I Have Wings Breast Cancer Foundation help fulfill their mission of educating our community, providing emergency emotional and financial assistance to families diagnosed with breast cancer, and endorse research. We trust that each participant will take part in the walk-a-thon to the best of their ability. Together we can have a fun filled day that brings all of us one step closer to better health! The more pledges you validate, the more successful we'll be at achieving our goal.*

## **Rules**

1. Participants may start collecting pledges as soon as they receive the pledge sheets. All "Maximum Pledges" and "Pledges per Lap" corresponding to the maximum number of laps that the participant plans on walking ***MUST BE COLLECTED PRIOR TO THE EVENT***. **Reminder: Pledge sheets with donations need to be turned in on walk-a-thon day, Saturday, August 7th. Please make all checks/money orders payable to "I Have Wings."**
2. Pledges may be made by anyone.
3. **Each sponsor making a pledge should write their own name, pledge per lap, and maximum pledge.** Participants should collect the pledge in advance and keep pledges until all are collected.
4. **Registration begins at 8am. On walk-a-thon day, the track will be available to walk on from 9am - 12:30pm, with opening ceremony at 9am.** Each lap is approximately 1/4 mile, so 4 laps=1mile. Each participant will be issued a "lap tag," each time the participant reaches the starting point, thereby keeping track of the number of laps completed.
5. Upon completion of the walk-a-thon, participants will hand in their lap tags. A volunteer will record each participant's lap total on their pledge sheet and return it.
6. We walk rain or shine! Participants are encouraged to protect themselves with hats, sunscreen or rain gear. No pets, bikes, skateboards, or rollerblades/skates are allowed the day of the event. Strollers and wheelchairs are permitted and welcome.

We look forward to all our participants having a great time! For questions or concerns **call Misty Laderer at Better Bodies Fitness Center 859-344-9995 ext 25 or email [mladerer@betterbodiesnky.com](mailto:mladerer@betterbodiesnky.com).**

To volunteer call **Chuck Boehme at 859-331-8286 or email [ceboe4563@yahoo.com](mailto:ceboe4563@yahoo.com)**



## Disclaimer & Waiver

**NOTE: THIS IS AN IMPORTANT DOCUMENT. PLEASE TAKE AS MUCH TIME AS YOU NEED TO CAREFULLY READ AND UNDERSTAND IT.**

This is a General Release of All Claims, an Agreement Not to Sue, an Assumption of Risk, and an Indemnification Agreement ("Release") in favor Of Better Bodies, Inc. and I Have Wings Foundation, a not-for-profit Corporation ("IHW"), their employees, agents, volunteers, independent contractors, Suppliers, officers, directors, members, contributors, organizers, any promoting organizations, property owners, law enforcement agencies, all public entities, special districts, properties and their respective agents, officials and employees, and all others who are involved (collectively, the "Released Parties" or, individually, a "Released Party") with respect to a walk-a-thon, including running, walking and other forms of participation, and all activities related thereto, which will occur during **August 07, 2010** (the "Event").

**I ACKNOWLEDGE AND AGREE THAT BY SIGNING THIS DOCUMENT, I AM RELEASING THE RELEASED PARTIES FROM LIABILITY, WAIVING LEGAL RIGHTS I MIGHT OTHERWISE HAVE, AND ENTERING INTO CERTAIN OBLIGATIONS, AS SET FORTH HEREIN. THIS RELEASE IS A BINDING CONTRACT WITH SIGNIFICANT LEGAL CONSEQUENCES. I HAVE BEEN ADVISED TO READ IT CAREFULLY (AND TO OBTAIN LEGAL COUNSEL IF NECESSARY) BEFORE SIGNING.**

**I am voluntarily participating in the Event. I FULLY ASSUME THE RISK OF INJURY, SICKNESS, DAMAGE, LOSS OR DEATH ASSOCIATED WITH SUCH PARTICIPATION INCLUDING**, by way of example, and not limitation, the following: the dangers of collision with pedestrians, other walkers/runners, and fixed or moving objects; the dangers arising from track conditions, safety hazards, equipment failure, inadequate safety equipment, **THE RELEASED PARTIES' ORDINARY NEGLIGENCE**, heat, humidity, and other weather conditions, including severe storms, lightning, and other weather emergencies; and the possibility of serious physical and/or mental trauma or injury or illness.

For myself, my spouse, heirs, executors, administrators, legal representatives, assignees, and successors in interest (collectively "successors"),

**I HEREBY AND FOREVER WAIVE, RELEASE, DISCHARGE, HOLD HARMLESS, PROMISE NOT TO SUE AND AGREE TO INDEMNIFY AND DEFEND THE RELEASED PARTIES FROM ANY AND ALL** rights, causes of actions, disputes, liabilities.

I agree **THE TERMS HEREOF SHALL LIKEWISE BIND ME AND MY SUCCESSORS. I PROMISE NOT TO SUE IHW/BETTER BODIES** or any Released Party or Parties on my behalf or on behalf of my Child regarding any claim arising from my Child's participation in the Event.

**I HAVE READ AND I UNDERSTAND THIS RELEASE. I VOLUNTARILY AND KNOWINGLY SIGN IT. I UNDERSTAND THAT MY EXECUTION HEREOF IS A MATERIAL INDUCEMENT TO IHW TO ALLOW ME TO PARTICIPATE IN THE EVENT.**

**Your registration will not be processed unless signed below.**

**1. If signing for yourself:**

Signature of Participant: \_\_\_\_\_ Date \_\_\_\_\_

Check one:  adult  Under 18 years of age - Complete below

**2. If signing for your child: CONSENT AND RELEASE OF PARENT OR GUARDIAN**

(Required if participant is under 18 years of age on date of signing this Release)

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

Type/Print Name: \_\_\_\_\_

Participants under 18 years of age are required to have an adult accompanying them during the Event.

Name of Accompanying/Supervising Adult (Type/Print): \_\_\_\_\_

Relationship of Accompanying Adult to Child \_\_\_\_\_