



Registration Form

Saturday, August 7th, 8am – 12:30pm at Dixie Heights High School Track,
3010 Dixie Highway, Fort Mitchell, KY 41017

All registration forms completed after July 31st should be brought to the Walk-a-thon.

Page 1 & 2 of this packet must be turned in to Better Bodies Fitness Center, located at 2230 Grandview Dr., Ft. Mitchell, KY 41017. Online registration is available on the I Have Wings website <http://ihavewings.org/main/> and the Better Bodies Fitness Center website <http://betterbodiesnky.com/main/>

Pre-Registration Deadline Ends Saturday, July 17th. The first 100 people to Pre-Register will be guaranteed to receive a Free T-shirt. T-shirts will be available for purchase the day of the event for \$10.

A separate registration form must be filled out for each member of your family collecting pledges to participate in the Walk-a-thon. Children under the age of 18 not collecting pledges to participate must be listed below on a parent or guardian's registration form.

First Name: _____ Last Name: _____ Age: _____
 Address: _____
 City, State & Zip: _____
 Email: _____
 Best Phone # _____ Home/Cell/Work Please circle one
 2nd Phone # _____ Home/Cell/Work Please circle one
 Children under 18 not collecting pledges:
 Name: _____ Age: _____
 Name: _____ Age: _____
 Name: _____ Age: _____

A. T-shirt Size:

Adult	Small	Medium	Large	X-Large	XX-Large
Youth	Small	Medium	Large	X-Large	

B. I am a breast cancer survivor and would like to have a survivor flag at the walkathon. Yes No
The survivor flags will cost \$1. They will be available to write your name on and carry during the event.

C. I am walking in memory of a loved one. I would like an "in memory" flag at the walkathon. Yes No
The memory lap flags will cost \$1. The "in memory" flags will be available to write the loved one's name on and carry during the event.

I, _____, agree to participate in the free Better Bodies for Breast Cancer Walk-a-thon. I have received a pledge form and commit to obtaining at least \$10 in pledges. On the day of the event, I will bring the pledge money that is donated.

(We) understand photographs may be taken at the Better Bodies for Breast Cancer on the 7th day of August, 2010. I hereby assign and authorize I Have Wings Breast Cancer Foundation(IHW) and/or Better Bodies Fitness Center (BBFC) the right (all rights) to utilize those photographs at their discretion. I also authorize IHW and/or BBFC without limitation, the right to reproduce, copy, exhibit, publish or distribute any such photographs, and expressly waive any rights or claims I may have against above named firm and/or any of its affiliates, subsidiaries, or assignees, except as outlined in this contract.

Participant's Signature: _____ Date: _____

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.

To volunteer call **Chuck Boehme at 859-331-8286** or email 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 _____