



Registration: YouthHope's 2018 Resolution Run 5K
Start Time: 1PM on Monday, January 1st, 2018 in Moline, Illinois
Starting Location: YouthHope's Moline Youth Center
3928 12th Avenue, Moline, Illinois, 61265

Please enter your registration information in the form below. When you are finished please attach completed registration and email hcarr@cfyouthhope.org or mail printed copy to:

YouthHope Resolution Run 5K
Attn: Hannah Carr
3928 12th Avenue
Moline, IL 61265

Personal Information

Please enter the request information about you (or the person for whom you are registering). Be sure the contact details are correct so that we can provide important, registration-related information.

First Name: _____

Last Name: _____

Gender: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Date of Birth: _____
Month Date Year

Primary Phone: _____ Secondary Phone: _____

Shirt Size: X-Small Small Medium Large X-Large XX-Large

Optional: Please Consider an Additional Donation to YouthHope

\$5 Donation \$10 Donation \$25 Donation \$50 Donation \$100 Donation
 Other Amount: \$ _____

Discount Code: _____

Payment Enclosed: \$ _____ Method of Payment Check Cash Credit Card

Name on Card: _____

Billing Street Address: _____

City: _____ State: _____ Zip: _____

Credit Card Number: _____

Expiration: _____ CVV Code: _____

All Registrations are final. There are no refunds or cancellations. Please sign below to authorize payment.

Signature: _____ Date: _____

Event Waiver and Release of Liability

WARNING: READ CAREFULLY. THIS AGREEMENT INCLUDES A RELEASE OF LIABILITY AND WAIVER OF LEGAL RIGHTS AND DEPRIVES YOU OF THE RIGHT TO SUE THIS EVENT AND OTHER PARTIES. DO NOT SIGN THIS AGREEMENT UNLESS YOU HAVE READ IT IN ITS ENTIRETY. SEEK THE ADVICE OF LEGAL COUNSEL IF YOU ARE UNSURE OF ITS EFFECT.

I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in this event. I am a voluntary participant in this event, and in good physical condition. I have been advised that I should seek advice from my physician before undertaking this physical exercise. I have either visited with my physician and received a doctor's advice and consent to my exercise program or have waived such advice and consent of my doctor, and except any and all risks.

I KNOW THAT THIS EVENT IS POTENTIALLY HAZARDOUS ACTIVITY AND I HEREBY ASSUME FULL AND COMPLETE RESPONSIBILITY FOR ANY INJURY OR ACCIDENT WHICH MAY OCCUR DURING MY PARTICIPATION IN THIS EVENT OR WHILE ON THE PREMISES OF THIS EVENT, AND I HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST THIS EVENT AND ANY AFFILIATED INDIVIDUALS OR ENTITIES ASSOCIATED WITH THIS EVENT (THE RELEASEES) FROM ANY LOSS, LIABILITY OR CLAIMS I MAY HAVE ARISING OUT OF MY PARTICIPATION IN THIS EVENT, INCLUDING PERSONAL INJURY OR DAMAGE SUFFERED BY ME OR OTHERS, WHETHER SAME BE CAUSED BY FALLS, CONTACT WITH PARTICIPANTS, CONDITIONS OF THE COURSE, NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I grant YouthHope, its representatives and employees the right to take photographs and video of me in connection with this event. I authorize YouthHope, its assigns and transferees, to copyright, use and publish the same in print and/or electronically. I agree that YouthHope may use such photographs or videos of me with or without my name and for any lawful purpose, including purposes such as publicity, illustration, advertising and Web content.

- I have read, understood, and accept the agreement above.
- I understand this is a legal document with effects that I approve and authorize.
- The registrant is the person (s) whose name is submitted as the recipient of the goods and services provided as a result of this transaction.
- I am authorized to agree to the terms of this document on behalf of the registrant.
- If the registrant is under 18 years of age, incapacitated, or mentally challenged, I assert I am the parent/guardian or otherwise authorize to execute a legally binding agreement on behalf of registrant.

Signature: _____ Date: _____