pruittcares

4th Annual Touch a Life 5K Run/Walk

May 13, 2010
at Noon

Registration Form
(Please Print)

Registration Deadline:
April 30, 2010
T-shirt sizes guaranteed if registered by deadline

_____ _____ _____ / / _____
Last Name **First Name** **Date of Birth**

_____ _____
Facility (if appropriate) **Team (if participating as a Team)**

_____ **M or F:**_____
Mailing Address

_____ _____ _____ ( ) -
City **State** **Zip** **Phone #**

_____
E-Mail

Each participant is encouraged to raise at least $100.

T-Shirts are guaranteed for all who raise at least $25.00 in sponsorship donations. Please select size (check only one; adult sizes):

↑	Small	↑	XL
↑	Medium	↑	2X
↑	Large	↑	3X

Registration & Sponsorship Donations:

MAIL: Register by filling out this form and mailing it to:
United Hospice Foundation, 1626 Jeurgens Court, Norcross, GA 30093.
PHONE: 800-956-5354 or 678-533-6462 – Karen Caudell
FAX: 678-533-6463 or 706-886-0542

Checks should be made payable to United Hospice Foundation, with the Memo Line stating Pruitt Cares 5K

WAIVER • SIGNATURE REQUIRED

United Hospice Foundation / Pruitt Cares Foundation Assumption of Risk and Release and Indemnity Agreement

In consideration of being allowed to participate in the 4th Annual Touch A Life 5K Run / Walk, I acknowledge and agree as follows:

I know that participating or volunteering in a road race is a potentially hazardous activity. Some of the risks I may encounter include, but are not limited to: falls; contact with other participants; the effects of the weather, including heat stroke, heat exhaustion or dehydration; getting lost or separated; and being struck by vehicular traffic. **I agree to assume all inherent risks and all other risks, including those not specifically mentioned above.** I understand that I am responsible for ensuring that I am medically able and properly trained to complete the race or volunteer, but also agree to abide by any decision of a race official relative to my ability to safely complete the race.

I, for myself and anyone entitled to act on my behalf, waive and release the United Hospice Foundation / Pruitt Cares Foundation and its subsidiaries and affiliates and all sponsors, agents, employees, officers, directors and volunteers working for UHF / PCF from all claims and liabilities of any kind, arising out of or related to my participation in the race and any other activities connected to the race. This release includes and prohibits all types of claims, including those for breach of contract, injury, loss, damage or death.

I understand that event photographs and/or video images will be taken on the day of the race. I freely give my permission for use of such photographs and video images in future UHF / PC race event promotions without further communication or compensation. I also agree that any dispute or suit I have will be resolved using the laws of the State of Georgia. Any mediation, suite or other proceeding must be filed or entered into only in Georgia. Any portion of this document deemed unlawful or unenforceable is severable and shall be stricken without any effect on the enforceability of the remaining provisions.

_____ _____
Signature of Participant **Date**