

NOVEMBER 21ST, 2010

KD FALL CRAWL 5K

Race begins at the FSU Integration Statue near the Woodward St. Parking Garage and the FSU Student Union

Registration Begins @ 8:00 AM Race Starts @ 9:00 AM

Entry Fees

Early Registration - \$15.00
Includes T-shirt
(on or before 11/14/10)

Late Registration - \$15.00
Does Not Include T-shirt
(after 11/14/10)

Group Rate - \$65.00
(team of 5 individuals; T-shirt included
if done in early registration)

*for tax deductible purposes make checks payable to Children's Home Society of Florida, tax code 510C(3)#: 85-8012592486C-4

How to Register/Make Payment

Mail Registration to:

Kappa Delta c/o 5K
555 West Jefferson Street
Tallahassee, FL 32301

Make Checks Payable to:

*Kappa Delta c/o 5K

Register/Pay on-line:

<http://www.kd5k.eventbrite.com>

All Proceeds benefit Children's Home Society of FL and Prevent Child Abuse America

Waiver: in consideration of your acceptance of my entry as a participant in the 2010 "Kappa Delta Fall Crawl" 5K Walk/Run, I, the undersigned, for myself, my heirs, executors, administrators, and assigns, waive and release all claims for damages, death, personal injury, or loss of property against Gulf Winds Track Club, Kappa Delta Sorority, Children's Home Society of FL, Prevent Child Abuse America, and others promoting or assisting in any way with the "Kappa Delta Fall Crawl" 5K Walk/Run, which may result from my participation on Nov. 21st, 2010, or while traveling to and from this event. My participation is voluntary and done at my own risk. I understand that running a road race is a potentially hazardous activity and that I should not enter unless I am medically able and properly trained. I attest that I am physically fit and trained for the competition of this event. I fully understand I am forever giving up in advance any right to sue or make claims against the parties I am releasing if I suffer injuries and damages, and am voluntary assuming the risk of such injuries and damages. I will assume my own medical and emergency expenses in the event of an accident or other incapacity or injury resulting from my participation. I have read and understand everything written about and I voluntarily sign this agreement. (Parent or legal guarding must sign if runner is under 18).

Signature: _____ **Date:** _____

Name: _____ **Date of Birth:** _____

Address: _____ **City, State:** _____

Zip: _____ **Phone #:** _____ **Circle One: Male/Female**

Group Name(including number in group): _____

T-shirt Size (Circle One): S M L XL For more information:

Contact Kappa Delta at kdfs5k@gmail.com or call Lauren Lee at (850)508-9393