



FINtastic 5K Run/Walk

Saturday, May 13, 2017

(Rain or Shine)

Check In/Registration: 7:30 am

Fun Run: 8:30 am

5K: 9 am

Tamarac Elementary School

50 Spence Ave., Holtsville 11742

Please fill out one form per participant

Name _____

Gender: M / F

Street _____

City _____

ZIP _____

Email: _____

Age on Race Day: _____

T-Shirt Size: S M L XL
(Guaranteed if registered by 5/5/17)

Registration Fee:

5K \$20 In Advance \$25 Day of Race \$15 Student
Fun Run \$10 In Advance \$15 Day of Race

Add Your Family Name to the T-Shirt \$50 (Only Available Until 4/29/17)

Mail Registration Form (one per person) with checks payable to Tamarac Fathers Club to:

Tamarac Fathers Club / 5K
50 Spence Ave.
Holtsville, NY 11742

Race fees are not refundable, nor are they transferable from year to year. Once you are signed up, race fees are used for race expenses and cannot be returned.

I, the undersigned, intending to be legally bound do hereby waive and forever release any and all right and claims for damages or injuries that I may have against the Event Director, FINtastic 5K Run/Walk, the Host Facility, and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

I know that running a road race is a potentially hazardous activity. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typical found in running a road race. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition.

Further, I hereby grant full permission to any and all of the foregoing to use any pictures or other record of this event for any purpose whatever.

By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver.

Signature of Participant: _____

Date: _____

Signature of Guardian if under 18: _____

Date: _____