

# BE MORE THAN PINK

## Walk a Mile in Her Shoes Men's High Heel Dash!

Participant Name \_\_\_\_\_

Participant Age \_\_\_\_\_

Participant Parent's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Participant Phone \_\_\_\_\_

Participant Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_

**\*Under 18- parental signature required!**

Under 18 Parental Signature \_\_\_\_\_

**\*FULL WAIVER DETAILS ON REVERSE SIDE- MUST SIGN TO PARTICIPATE!**

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For and in consideration of the acceptance of my registration to participate in the Walk a Mile in Her Shoes: Men's High Heel Dash on Friday, April 27, 2018, I know that running a race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including but not limited to falls, contact with other participants, the effects of the weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated to me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my entry, I, for myself and anyone entitled to act on my behalf, waive and release Susan G. Komen's Friday Night Committee, all event sponsors and partner organizations, volunteers and their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of my negligence or carelessness on the part of the persons named in this waiver. I grant my permission to all of the foregoing to use photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose. I also understand that my entry fee is nonrefundable. A parent must sign if entrant is under 18 years of age. This is to certify that my child has permission to compete in this event, is in good physical condition and the event officials may authorize necessary emergency medical treatment.

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_