

First Annual

Fight On: Don't Ever Give Up 5K Run/Walk

Run or Walk - Family Fun Event - Strollers Welcome

Kids 10 and Under Free (without shirt) or \$10 (with shirt)

Saturday, June 4th - 9 A.M. EST

Race Morning Registration Begins at 8:00 A.M. at McAllister Park.

Race Day Registrations will increase by \$5, Cash or Check Only.

Registration Form

Name: _____ Male _____ Female _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

T-Shirt Size: (Check One)

Adult Small ___ Adult Medium ___ Adult Large ___ Adult XL ___ Adult 2XL ___

Discount (Check One, if applicable):

10 & Under with Shirt (\$10) ___ Please provide size needed: _____ 10 & Under (no shirt) FREE ___

Virtual Runner: ___ (Please check here if you would like to purchase a t-shirt, but prefer not to run/walk.)

\$20.00 Entry Fee for registrations received **on or before May 20th** includes 2016 shirt. Registration received **after May 20th** does **NOT** guarantee shirt. Entry Fee will be increased by \$5 on race day, cash or check only.

****Because proceeds are contributed to non-profit organization, all entry fees are non-refundable.****

The proceeds for this event will go to the Cystic Fibrosis Foundation, please make checks payable to: Cystic Fibrosis Foundation, and mail completed entry form and payment to:

Cystic Fibrosis Foundation, Attn: Fight On 5k, 1281 W. 86th Street, Suite E-2, Indianapolis, IN 46260

WAIVER & CONSENT

In consideration of the foregoing, I, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against any of the sponsors, organizers, City of Lafayette, the Cystic Fibrosis Foundation, officers, Fight On 5K volunteers and/or Lacey Moore for any and all claims for damages, demands or loss actions whatsoever which may arise as a result from my participation in this event. I hereby assume all liability for any loss, damage or other liability from such event.

Signature _____ Date _____ Age on Race Day _____

Parent or Guardian Signature (if under age 18) _____ Date _____

Event Contact: Lacey Moore, 765.215.8925

Donations: If you wish to make a personal donation, checks can be mailed to the above address, or brought to registration on race day.

Online Registration: <https://dontevergiveup5k.passioncff.org/>