

AMGF Annual 5k Fun Run

Registration Form

Saturday, March 16, 2013 · Orlando, Florida · 6:30 AM

Sponsored by Provista

Please complete entire form for each run participant. All participants must be at least 18 years of age.
Registration Fee is \$50.00 for members and \$65.00 for non-members.

Last Name First Name

Street Address

City State Postal/Zip Code

Email

Emergency Contact Information

First Name Last Name Phone

Payment Information

Visa MasterCard American Express Check

Credit Card Number Exp. Date Card Holder's Name

Authorized Signature

TWO WAYS TO REGISTER:

1. FAX form with credit card payment to attn Joyce Jones at (703) 548-1890.
2. MAIL registration form and check payable to AMGF or credit card payment to:
Conference Registrar, One Prince Street, Alexandria, VA 22314-3403

REGISTRATIONS WILL ONLY BE ACCEPTED ONCE THE WAIVER BELOW HAS BEEN SIGNED.

I, (print name)_____, am exercising my own free choice to participate voluntarily in the above named activity, and promising to take due care during such participation, hereby release and discharge, indemnify and hold harmless Sponsors, AMGA and AMGF, their members, officers, agents, employees, and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against all claims, demand and causes to action whatsoever, either in law or in equity, relating to injury, disability, death, or other harm, to persons or property of both, arising from my participation in and or at the above listed activity. I acknowledge that I have been informed of hazards and risks which may be associated with the participation in the above mentioned activity. I understand, accept and assume those hazards and risks, and waive all claims against Sponsors, AMGA and AMGF. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage sustained through my participation in normal or unusual acts associated with the above named activity. After deliberation, I voluntarily give my consent and agree to this Release from Responsibility.

Signature of Person Named Above

Date

