CITY OF PORT ST. LUCIE
FITNESS CENTER "5K RUN"
WAIVER AND RELEASE FORM

In consideration for participation in the 5K Run, I hereby expressly and affirmatively state that I or my child named herein wish to participate in the above stated activity. I realize that participation in this activity involves risk and injury including but not limited to, loss of future earning capacity, loss of or damage to personal property, various degrees in severity of bodily (physical) injury and even the possibility of death. I also recognize that there are many other risks of injury including serious and disabling injuries, which may arise due to my or my child's participation in this activity and that it is not possible to specifically list each and every individual risk. I understand that these risks of injury could arise out of negligent maintenance and/or negligent supervision on the part of the City of Port St. Lucie, its employees, agents and representatives in the operation of "5K Run".

However, knowing the material risk and appreciating, knowing and reasonably anticipating that other injuries and even death are a possibility, I hereby, on my behalf or on the behalf of my child, expressly assume all the delineated risks of injury, all other possible risks of injury and even death which could occur by reason of my or my child's participation and for myself, my personal representatives, executors, administrators, heirs, next of kin, successors and assigns, do hereby release, remise, and forever discharge the City of Port St. Lucie, its agents, employees, representatives, successors and assigns of all liabilities, claims, actions, causes of action, suits, damages, costs, or expenses whatsoever, in law or in equity, which I may have or my child may have against them.

I represent that I or my child are in satisfactory physical condition to participate in the activity. I authorize any person connected with the activity or the City of Port St. Lucie to administer any and all available first aid to me or my child, as they deem necessary. I further authorize medical transportation to a medical facility or hospital for the treatment necessary at my expense. This Waiver and Release will apply for each and every day I /my child is engaged in the activity without requiring me to sign an additional form for each day or activity.

This Waiver and Release is governed by the laws of the state of Florida, and exclusive jurisdiction shall be in the Circuit Court of St. Lucie County, Florida. If any part of the agreement is determined to be unenforceable, all other parts shall be given full force and effect.

I have had the opportunity to ask questions. Any questions that I have asked have been answered to my complete satisfaction. I subjectively understand the risk of my or my child's participation in this activity and knowingly and appreciating these risks, I voluntarily participate, assuming all risks of injury or even death, due to my participation or my child's participation.

I HAVE READ AND UNDERSTAND THIS WAIVER AND RELEASE OF LIABILITY AGREEMENT. I VOLUNTARILY AGREE TO ITS TERMS

Signature of Participant Date of Birth Date

Signature of Parent/Legal Guardian (If Participant is under 18) Date

In the event of an emergency, please contact Phone Number

First Annual
"Shake Your Tailfeather" Pre-Thanksgiving 5K Run/Walk 11/21/09

Registration Form

Name:_____

Street Address:_____

City:_____ State:_____ Zip:_____

Gender: M F Date of Birth:_____

Daytime Phone Number:_____ Eve Phone Number:_____

Email address:_____

Shirt Size: (Circle One) Adult: Sm, Med, Lg, XL

I understand the risks involved with participation in this event, including, but not limited to, muscle strain/sprain, and/or heat related disorders.

_____
Participant Signature

_____
Parent/Guardian Signature (If participant is under 18 years of age)

The race will be run rain or shine. It will only be delayed or cancelled in the event of a lightning storm.

Race location:

Port St. Lucie Civic Center
9221 SE Civic Center Place
PSL, FL 34952
(Corner of US1 and Walton Rd.)

Fees: $15 before 11/14/09; $20 from 11/15 until 11/20/09; $25 on race day (11/21/09)

For Information contact Jason Barela
772-204-7105 or jbarela@cityofpsl.com

Day of event registration/check-in will begin at 6:30 am and the run will begin at 8 am