

ANGELS IN ACTION BENEFIT

FAMILY RUN/WALK • DOGS WELCOME

To benefit the Crissa Lea Swinford Scholarship Fund



In loving memory of Mark Kennedy 1952-2009

RACE DAY:
SATURDAY,
AUGUST 1,
2009

REGISTRATION FORM

Register at any Slifer Smith & Frampton Real Estate location prior to Thursday, July 30th, 2009 by 5:00pm • Fax entries to 866.743.4119
Race Day Registration starts at 8:30am • RACE STARTS AT 9:30am

PERSONAL INFORMATION Print legibly. One entry per form.

Last Name First Name

Mailing Address

City State Zip Code

Day Phone Evening Phone E-mail Address

Visa/MC # Expiration Date Signature

5K Pre-Registration Race Fee.....\$25.00 (Includes t-shirt)
5K Race Day Registration Fee.....\$30.00 (Includes t-shirt)
Kids Lake Run (over 5).....\$5.00 (Includes kids t-shirt & prizes)

Race Fee \$ _____
Additional tax-deductible contribution \$ _____
TOTAL \$ _____

100% of this event's entry fee will go to the Crissa Lea Swinford Scholarship Fund.
Payments: Make checks payable to **CLSSF** (Crissa Lea Swinford Scholarship Fund).

EVENT PARTICIPATION AGREEMENT, RELEASE OF LIABILITY and AGREEMENT TO ARBITRATE

Please read carefully. This is a release of liability and waiver of legal rights.

I acknowledge that participation in the Angels in Action 5k Memorial Run/Walk or training in connection with such event (collectively the "Event") is hazardous and involves risks and inherent dangers associated with physical exertion, vehicles near the racecourse, road and surface conditions, and sharing the racecourse with other participants and volunteers and that I am physically fit and capable of participating in the Event. I understand that I will have the opportunity to inspect the course and area prior to participation in the Event and I assume the risk of all course conditions. In consideration of the acceptance of this entry, I, on behalf of myself, executors, heirs, and next of kin, hereby assume all risks of any participation in the Event and release and discharge from any and all claims for any damage, for death, personal injury, property damage arising from any participation in the Event the Town of Avon its officials and employees, Edwin Swinford, the Event organizing committee, and all Event volunteers, sponsors, and participants (the "Released Parties"). I further agree that any controversy or claim arising out of or relating to this agreement shall be settled by final and binding arbitration administered by the American Arbitration Association and judgment on the award rendered by the arbitrator(s), who shall have no authority to award punitive or other damages not measured by the prevailing party's actual damages, may be entered in any court having jurisdiction thereof.

If I am signing this Liability Release on behalf of a minor (less than 18 years of age)(the "Child"), 1) I represent that I am the parent and/or legal guardian of such Child; 2) I accept responsibility and agree to indemnify the Released Parties for all of the Child's medical expenses incurred in connection with the Event, any claims whatsoever brought by the Child, any claims whatsoever brought by a third party arising in connection with the Child; and 3) I acknowledge that I am signing this Release of Liability on behalf of the Child and that the Child will be bound by all terms of this Release Liability. This Release of Liability supersedes any other agreement or representation by a Released Party and is governed by the Laws of the State of Colorado.

Participant Signature (required) Date Parent/Guardian Signature (if you are under 18) Date