



COLORFLASH 5K

A COLORFUL RUN TO BEAT CANCER

COLORFLASH5K REGISTRATION FORM

Sherwood Island, Westport, CT Sept. 27, 2015 10:00 a.m.

Register on-line www.COLORFLASH5K.com

OR mail this completed form by Sept. 23rd, 2015 to:

Phoebe's Phriends, 12 Salem Lane, Westport, CT 06880

MAKE CHECKS PAYABLE TO: PHOEBE'S PHRIENDS

PARTICIPANT INFORMATION																							
First Name:						Last Name:																	
Gender:		M		F		Date of Birth (MM/DD/YY):																	
E-Mail:		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					
Street Address:						City:																	
State:		Zip Code:				Cell Phone:																	
Emergency Contact:						Emergency Contact Phone:																	
T-Shirt Size: YL S M L XL (all pre-registered participants receive a t-shirt)																							
ADDITIONAL MERCHANDISE AND DONATIONS																							
COLORFLASH5K Tutus*		Rainbow (\$5 Each)				# _____ x \$5 =		_____															
COLORFLASH5K Tutus*		Phoebe's Phriends Teal (\$5 Each)				# _____ x \$5 =		_____															
Additional Donation:										_____													
Family Sponsorship (see website for additional information):										\$250													
<small>Includes VIP parking; VIP tent admission and special COLORFLASH package!</small>																							
RACE REGISTRATION																							
Race Registration (\$30 Per participant)										_____													
TOTAL: Make Checks Payable to PHOEBE'S PHRIENDS										_____													

*While supplies last

Thank you for participating and helping to find a cure for Childhood Cancer



Participant and Volunteer Waiver

I know that running a road race is a potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I acknowledge that I have either consulted with my physician about my physical fitness for running this race or I have decided to run the race without the approval of my physician and do hereby assume all responsibility and risk for my participation.

I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the race and agree to abide by them. 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 but not limited to high heat and/or humidity, traffic and the conditions of the road, any health impacts from ingesting, breathing or inhaling the colored powder and all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers, roller skates or roller blades, animals, and personal music players are not allowed in the race and I will abide by all race rules. I also acknowledge due to the color component of the race, certain weather conditions make it impossible for the event to take place and there will be no refunds in the event of a cancellation. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release Phoebe's Friends COLORFLASH5K, the city of Westport, Connecticut, all event sponsors, 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 negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE FOREGOING PARAGRAPHS.

Date: _____ Printed Name: _____ Signature: _____

Parent of Legal Guardian must sign below if participant is a minor:

If applicable, I give my permission for my packet to be picked up by: _____

This is to certify that I, as a parent/guardian with legal responsibility for this participant, do consent and agree for myself to the above waiver. I authorize such Medical Provider to perform all procedures as deemed medically advisable. I assume, on behalf of myself and the minor named above, the associated risks of medical complications and unforeseen consequences that may result from medical treatment.

Date: _____ Parent / Guardian Printed Name: _____

Signature: _____ Relationship to Minor: _____