Registration Form

Fax or mail to:

Tuxedo Brothers
6265 Boone Ridge
Zionsville, IN 46077

Fax: (317) 873-5803
Questions: (317) 733-3300

REGISTRATION INFORMATION

First Name _____ Last Name _____ Date of Birth (mm/dd/yy) _____

Street Address _____ Telephone _____

City _____ State _____ Zip Code _____ ❑ Male ❑ Female

Email Address _____

TEAM INFORMATION (if applicable)

I am a:
- ❑ Team Captain
- ❑ Team Member

Team Name _____ Team Captain _____

PAYMENT INFORMATION & WAIVER

Event Category:
- ❑ 5K Run/Walk
- ❑ 10K Run
- ❑ 1 Mile "Fun" Walk

Entry Fee:
- ❑ $15 No t-shirt
- ❑ $20 T-shirt
- ❑ $13 TEAM no t-shirt
- ❑ $18 TEAM t-shirt

Shirt Size: Circle one if ordering t-shirt.

S M L XL XXL

Total Fee:

$_____ Donation to S.O.N.

$_____ **Total Amount**

Method of Payment:
- ❑ Check: Payable to ***Spotlight On Nursing***
- ❑ Visa
- ❑ Master Card

Credit Card # _____ Exp. Date _____

Signature _____

Waiver & Release

In consideration of the Spotlight on Nursing run/walk event ("the Event"), I HEREBY RELEASE AND FOREVER DISCHARGE , City of Indianapolis, Tuxedo Brothers, Inc., Buggs Temple, RN Specialties, all health care providers assign to or affiliated with the event, (collectively, "the Event Personnel"), and the officers, directors, agents, employees, or anyone acting on behalf of the event personnel, from any and all claims, demands, or actions for personal injury, property damage, or any other damage or loss which may be caused by any act or failure to act, including negligence by the Event Organizers, which may arise out of my participation in completion of this Event and my physical condition has been verified by a licensed medical doctor. I understand and acknowledge that participating in the Event may expose me to dangers from both known and anticipated risks, whether existing because of negligence or other wise, and specifically waive any and all claims arising out of such conditions. In signing this release, I fully recognize that if I am injured or suffer any other loss as a result of participation in the Event, I will have no right to make any claim or file any lawsuit against the Event organizers. I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, AND VOLUNTARILY AND KNOWINGLY AGREE TO ITS TERMS. I also agree to pay the organizers $30 if I should not return the Champion Chip given to me for timing of the event.

_____

Signature of Participant & Acknowledgement of Waiver & Release (Signature of Parent/Guardian if entrant is under age 18)