Participant Registration Form

ORL Run for the Angels 5K EXECUTIVE AIRPORT FRIDAY, APRIL 20TH, 2012 6 PM

ALL PARTICIPANTS MUST COMPLETE THIS FORM

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COMPANY				-		
				MF		
LAST NAME	FIRST NAME	E		AGE ON RACE DAY SEX		
HOME ADDRESS			BIRTHDA	ATE		
CITY	STATE	ZIP	MONTH	DAY YEAR		
		-	2941			
TELEPHONE (BUSINESS)	TELEP	PHONE (HOME)				
EMAIL ADDRESS						
○ FAA ○ GOAA ○ SAS	SFS (O Public				
	_		■	ATHLETE TYPE		
ENTRY FEE \$15.00	PREDICTE	D 5K FINISHING TIME (SECONDS)	 (MINUTES :	WALKER RUNNER		
<u> </u>				(40 minutes or over)		

INSTRUCTIONS AND REMINDERS

- 1. Go to http://tinyurl.com/6uqekqm and complete this registration form
- 2. Arrive at the OEA Community Room, 365 Rickenbacker Drive, between 5:00 PM and 5:45 PM on Friday, April 20th. The event begins promptly at 6 PM
- 3. There are no lockers or showers at the Community Room, so please leave all valuables in your vehicle. The parking lot is adjacent to the Community Room building.
- 4. There will be water stations and restrooms located at the 1/3 and 2/3 marks on the course (SAS & SFS terminals).
- 5. Following the completion of the event there will be a post event ceremony with food and refreshments available.
- 6. All proceeds in excess of expenses will be donated to the Angel Flight Southeast charity.
- 7. You must be 18 years of age or older to participate.
- 8. **RESTRICTIONS**: For safety reasons, baby jogger/strollers, bicycles, roller skates, in-line skates, skateboards, wheelchairs, and pets will be prohibited from the race course.

Friday, April 20, 2012

Orlando Executive Airport

ORL Run for the Angels 5K

ORLANDO EXECUTIVE AIRPORT'S SPORTS WAIVER AND PERMISSION FORM

PARTICIPANT INFORMATION

First Name:		M.I	Last Name:
Date of Birth:		_Gender:	Phone Number:
Name of Event:	Run for the Angels 5	K, Presented	by the ORL Community
Event Dates:	April 20, 2012		_
Activity(ies):	Running, together with	any other act	tivities conducted at, or in conjunction with the Event.
TERMS AN	D CONDITIONS OF	PARTICIPAT	TION - PLEASE READ BEFORE SIGNING
Event/Activity may occur, I he		g this Sports Waive	ities referenced above (collectively, the "Event/Activity "), wherever the ver and Permission Form completely and carefully, I acknowledge that my and and agree as follows:
participation may also involve negligence and failure to act Parties) and from the conditio me or to the Released Parties to assume all of the foregoin negligence by other participar during the Events, and accept illness, damage, loss, claim, participation in the Event/Actinot to sue, and forever dischanature ("Claims") arising out the Released Parties harmless and including any appeal. It Released Parties and covers that after such participation. For City of Orlando and its May	the risk of severe economic a of myself and others (including not any property, facilities or a little and may not be foreseen or any risks, which risks may incute or by the Released Parties, personal responsibility for any liability or expense, of any kingly. On my own behalf, and or any expense of any kingly. On my own behalf, and or of or in any way connected or from and against any and all understand that this release all anodily injury (including death), the purposes hereof, the "Release, and Commissioners, the Fities, and the officers, directors	and property loss of but not limited equipment used. It reasonably foresee lude, among othe and the risk of in y injury (including, ind or nature, that on behalf of my he defined below) of a with my participation of indemnity inclusional indemnity inclusional property damage, leased Parties" a federal Aviation Acceptage of the property damage, leased Parties and indemnity inclusional acceptage of the property damage, leased Parties and indemnity inclusional acceptage of the property damage, leased Parties and indemnity inclusional acceptage of the property damage, leased Parties and indemnity inclusional acceptage of the property damage, leased Parties and indemnity inclusional acceptage of the property damage, leased Parties and inclusional acceptage of the property damage, leased Parties and Index and I	ness, permanent disability, dismemberment, and death, and that such and damage. I understand that these risks may result from the actions, to other individuals in attendance at the Event/Activity and the Released I also understand that there may be risks involved which are not known to eable by any of us at this time or at the time of the Event/Activity. I agree er things, muscle injuries and broken bones, as well as the risk of any njury caused by the condition of any property, facilities or equipment used, but not limited to, personal injury, disability, dismemberment and death), at I or my property may suffer arising out of or in connection with my neirs, executors, administrators and next of kin, I hereby release, covenant and from all liabilities, claims, actions, damages, costs or expenses of any inding, but not limited to, all attorneys' fees and disbursements up through udes any Claims based on the negligence, action or inaction of any of the and loss by theft or otherwise, whether suffered by me before, during or are the Greater Orlando Aviation Authority and its Board of Directors, the administration, SheltAir Aviation Services, Showlater Flying Services, any nts, contractors, sub-contractors, representatives, successors, assigns, and
level required in conjunction vinspect all related facilities and connection the Event/Activity medical personnel if I am not	with the Event/Activity, and had equipment. In connection word, I authorize any emergency able to act on my own behalf.	ive not been adviso ith any injury susta first aid, medicat Additionally, I au	hat I am physically fit for participation in the Event/Activity, have the skill sed otherwise. I agree that before I participate in the Event/Activity, I will tained or illness or medical conditions experienced during my attendance in ation, medical treatment or surgery deemed necessary by the attending uthorize medical treatment for me, at my cost, if the need arises; however, lity arising out of the provision of, or failure to provide, medical treatment.
	IES INSPECTION: I will imm y until all unsafe conditions ob		ne Event manager of any unsafe condition that I observe, and will refuse to we been remedied.
otherwise exploit my name, fa in computer or other device a including, without limitation, purposes, including, without further approval, and I agree	ace, likeness, voice, and appea pplications, online webcasts, to digitized images or video, to limitation, publication of Evel	arance, in all media elevision programr hroughout the un nt/Activity result, ess the Released	ograph, record and/or videotape me and further to display, edit, use and/or ia, whether now known or hereafter devised, (including, without limitation, ming, motion pictures, films, newspapers, and magazines) and in all forms niverse in perpetuity, whether for advertising, publicity, or promotional without compensation, residual obligations, reservation or limitation, or Parties for any Claims associated with such grant and right to use. The inted herein.
ADULT: I acknowledge this I	Event/Activity is limited to part	icipation by adults	s (18 years of age or older) only and I affirm that I am an adult.
out of this Waiver and Permi Florida (or if such Circuit Cou	ssion Form shall be commend	ced exclusively in over the subject m	the laws of the State of Florida, and any legal action relating to or arising the Circuit Court of the Ninth Judicial Circuit in and for Orange County, matter thereof, then to such other court sitting in such county and having TRIAL BY JURY.
Date	- E-	-MAIL	SIGNATURE