



BORN TO RUN REGISTRATION All fields must be filled out. NAME _____ DOB ☐ MALE ☐ FEMALE ☐ 5K ☐ ½-MILE FUN RUN STAFF USE ONLY: BIB # If you are participating with a team, include team here _____ ADDRESS_____ CITY STATE ZIP CODE PHONE ______ E-MAIL _____ EMERGENCY CONTACT PHONE _____ INCLUDE ADDITIONAL MEMBERS OF SAME HOUSEHOLD ON BACK. **PRICING** All categories include food & entertainment. Cost **Registration Type** Quantity Total Total: \$ I'd like to add a donation Adult (Ages 21-100) \$40 of \$_____ to help Please circle: Cash / CC / Check (#_____) women in need! \$15 Student (Ages 13-22) Make checks payable to Woman's New Life Clinic. X_____ \ \$_____ \$20 Child (Ages 1-12) Agreement and Waiver/Release of Liability—All registrants must read and sign.

As a participant in the WNLC Born to Run 5K or ½-mile option, I verify that I have read, understand, and accept the terms of this waiver and release.

I understand the nature of this event and the risks involved in participating in this event. I know that running and walking is a potentially hazardous activity. I understand that I should not participate unless I am medically able and sufficiently trained to do so. I agree to abide by any decision of any race official concerning my ability to safely complete this event. I assume all risks associated with my voluntary participation in this event, including, but not limited to, traffic and other conditions of the roadway, track, and contact with other participants, and the effects of the weather, including extreme temperatures and precipitation. Knowing these facts, for, and in consideration of, my participation in this race, I, for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not to sue and fully release and discharge Woman's New Life Clinic, the Baton Rouge North Boulevard Town Square, Pelican Timing Services, race officials, workers, volunteers, sponsors, and any and all officers, directors, employees and other representatives of the foregoing, and any successors or assigns of the foregoing, and hold and waive them harmless from and against ANY AND ALL actions, claims, injuries, demands, liabilities, loss, damage, or expenses, including but not limited to death, personal injury, and property damage, whether foreseen or unforeseen, arising out of, or in the course of, my participation in this event. Photo Release: I agree to grant Woman's New Life Clinic permission to record on photography film and/or video pictures of my participation. I further agree that any or all of the material photographed may be used as part of materials promoting future Woman's New Life Clinic events. By signing this waiver, I (or a parent or adult guardian for all children under 18 years) understand and agree with all of the terms of this waiver and fully agree to be bound by same.

PARTICIPANT SIGNATURE X A parent/guardian MUST sign below if participant is under 18 years of age.	DATE
PARENT/GUARDIAN SIGNATURE X	DATE



Agreement and Waiver/Release of Liability—All registrants must read and sign.

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directors, employees and other representatives of the foregoing, and any successors or assigns of the foregoing, and hold and waive them harmless from and against ANY AND ALL actions, claims, injuries, demands, liabilities, loss, damage, or expenses, including but not limited to death, personal injury, and property damage, whether foreseen or unforeseen, arising out of, or in the course of, my participation in this event. Photo Release: I agree to grant Woman's New Life Clinic permission to record on photography film and/or video pictures of my participation. I further agree that any or all of the material photographed may be used as part of materials promoting future Woman's New Life Clinic events. By signing this waiver, I (or a parent or adult guardian for all children under 18 years) understand and agree with all of the terms of this waiver and fully agree to be bound by same.



ADDITIONAL FAMILY MEMBERS IN SAME HOUSEHOLD:

NAME	DOB
MALE FEMALE	
☐ 5K ☐ ½-MILE FUN RUN	
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