



Presents



In Partnership With



REGISTRATION FORM

October 4, 2014 – Constant's Wharf

Please complete all **highlighted** portions.

PLEASE CIRCLE EVENT: 5K Run / 5K Walk / 1 Mile Walk

Name _____ **Sex** _____ **Age on Race Day** _____

Address _____ **City State & Zip** _____

E-mail _____ **Phone** _____

Additional Participants *[LIST ADDITIONAL PARTICIPANTS FROM YOUR GROUP (WITH SIGNATURES), BELOW]*

EMERGENCY CONTACT ON EVENT DAY:

Name _____ **Relationship** _____ **Phone** _____

FREE!! Registration ends October 1, 2014. There is no on-site registration. **FREE!!**

*Events begin and end at Constant's Wharf & Marina. **NOTE:** This is not an officially-timed event. Prize drawing for participants directly following completion of all events. Must be present to win.*

Consent to use Photographs: I understand that photographs may be taken of me and/or my child at any Parks and Recreation or Suffolk Partnership program or facility for publication in material used to promote programs, classes, or events.

Release and Waiver: In consideration of being permitted to participate in any way in Suffolk on the Move, I for myself, my heirs, personal representatives or assigns, do hereby release, waive, and forever discharge the Suffolk Partnership, City of Suffolk, its Council members, officers, employees, and agents for liability from any and all claims, demands, rights and causes of action of whatever kind resulting in, but not limited to, bodily injury, personal injury, accident or illness (including death), and property damage sustained by me and my agents, representatives, employees, or family members arising from participation in Suffolk on the Move.

Indemnification: I shall indemnify and hold harmless the Suffolk Partnership, City of Suffolk, its Council members, officers, employees, and agents from and against any and all claims, losses, damages, fines, penalties, suits and costs, including injury and death penalties imposed by any authority which arise out of any violation of law by, and all acts and omissions caused by me, my employees, subcontractors, agents, or representatives during the participation in Suffolk on the Move.

Each Participant's Printed Name	Age	Sex	Each Participant's Signature (Parent's Signature if Participant is Under 18)	Date
<i>YOUR NAME / Participant #1 (required):</i>				
<i>Participant #2 (if applicable):</i>				
<i>Participant #3 (if applicable):</i>				
<i>Participant #4 (if applicable):</i>				

More than 4 participants? Attach name, age, sex, signature, and date for each additional participant on a separate page.

Register online: www.suffolkpartnership.org, or scan with your smart phone!

Email completed form to: info@suffolkpartnership.org

Fax completed form to: (757) 514-7275, ATTN: Helen Gabriel

Mail completed form to: Suffolk Partnership, 1707 N. Main Street, Suffolk, VA 23434