

**5K RUN**  
**READY**  
**SET**  
**GO**



**MARCH 4<sup>TH</sup> 2017**



# 5K/1 MILE CARING HEART RUN ENTRY FORM

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

All events start and finish at:

The Plaza at The Palms of Largo  
385 Alternate Keene Road  
Largo, FL 33771

CaregiversSupportNetwork.org  
(727) 674-1167

Registration is at 7:00 a.m.  
Saturday, March 4, 2017

Start Time: 8:00 a.m.

Race Coordinator: Bob Delle Donne  
rdelledonne@caregiverssupportnetwork.org

Benefitting  
Caregivers Support Network®  
Caring Heart Society



1 Mile Entry Fee: \$10.00/Participant       5K Entry Fee: \$25.00/Participant

All participants receive a tee-shirt. Please indicate shirt size.  S  M  L  XL  XXL

For early registration mail entry forms and make checks payable to:

Caregivers Support Network® | 400 Lake Avenue NE, Largo, FL 33771

Or register online at: [www.caringheartrun.com](http://www.caringheartrun.com)

## EVENT DISCLAIMER:

Please review the following waiver and disclaimer. By adding your signature, you accept this waiver and disclaimer. Waiver and Release: By participating in this Event, I do so at my own risk. I assume all risk of injury, illness, damage or loss to me or my property that might result, including without limitation, any loss or theft of personal property. I consent to medical treatment in the event of injury, accident and/or illness during the Event. I agree on behalf of myself (and my personal representatives, heirs, executors, administrators, agents and assigns) to release and discharge the organizers of this event, its principals, its officers & directors, its employees, all sponsors and their representatives and employees, and Pinellas County, A Political Subdivision of the State of Florida from any and all claims or causes of action (known or unknown) arising out of their negligence. I acknowledge that I have carefully read this 'Waiver and Release' and fully understand that it is a release of liability. By my signature below, I am waiving any right that I may have to bring legal action to assert a claim against any and all Event sponsors for their negligence. I hereby grant full permission to any and all of the foregoing to use my name and likeness in any broadcast, telecast, video or print media reporting or advertising of the Event without compensation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent or Guardian if under 18)



A COPY OF THE OFFICIAL REGISTRATION (#CH21777) AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.