



Slip –n– Slide 5K

Saturday, June 2, 2018

Strand Park

Alexander City, AL 35010

Check-In/Registration: 7:00am

Run Begins: 8:00am

Advance Registration: \$25/Day-of Registration: \$30

First 100 Registrants Receive Official Slip-n-Slide 5K Beach Towel



Please Print

Name: _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Age: _____ **Birth Date:** _____ **Sex: M** _____ **F:** _____

Email Address: _____

Emergency Contact Name: _____ **Phone:** _____

Total enclosed: \$ _____

- Make checks payable to Alexander City Chamber of Commerce
- Please do not mail registration after Friday, May 25, 2018, in order to guarantee receipt prior to race day.

I AGREE TO FULLY RELEASE AND DISCHARGE, INDEMNIFY AND HOLD HARMLESS ALEXANDER CITY CHAMBER OF COMMERCE, AND ITS SUBSIDIARIES AND ANY AFFILIATED PARTIES (jointly referred to as "RELEASED PARTIES") FROM ANY LIABILITY for any damages, injuries, or claims, including any injuries or damages occurring from any negligence of Released Parties, their members, managers, officers, employees and agents to myself or any other person or property, as a result my participation in and/or observation of Sun Festival Slip-n-Slide 5K (the "EVENT") at Alexander City, AL. I fully understand and agree to release, discharge, indemnify and hold harmless Released Parties, their members, managers, officers, employees and agents, for any negligence in causing in whole or in part any injury to me or any person for whom I am responsible under this Agreement.

I (parent or guardian for persons under 18 years of age) realize that my participation in and/or observation of the Event may require physical strength and conditioning and I represent that I am in sound medical condition. I have no physical or medical impairment which would endanger me or others. I understand and agree that a situation may arise while participating in an or observing the Event that may be beyond the control of Released Parties and agree to participate in and/or observe the Event so as not to endanger myself or others. The above agreements and representations are my express understandings of the risks and I assume these voluntarily and freely without coercion or duress. I agree that if any portion of this Agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect and that the laws of the State of Alabama will apply.

Signature **Guardian (if under 18)**

Date

Presented by:



TOTAL
HEALTHCARE