



Miracle Miles for Kids Registration Form

Saturday, May 12, 2012 • Race starts at 8:30AM

For more information or to register online go to mm4k.com

Please return this form to the Family Care Network at the address below. All fields must be completed for valid registration.

PERSONAL INFORMATION

First Name _____ Last Name _____

Pertinent race information will be mailed to the following address:

Address _____ City _____ State _____ Zip _____

E-mail _____ Phone _____

Emergency Contact Name _____ Relationship _____

Emergency Contact Home Phone _____ Emergency Contact Cell Phone _____

PAYMENT INFORMATION

Fees: Pre-registration through April 12th — **\$35*** Youth age 14 and under — **\$15**
Pre-registration between April 13th and May 9th — **\$50*** Walk-up race day registration — **\$50**
***Register online for a discounted rate. Online pre-registration closes at 11:59pm on May 9th.**

Form of payment: Cash \$ _____ Personal Check \$ _____ Credit Card \$ _____

Visa MC Discover AMEX Exp. Date _____ / _____ Billing zip _____ 3-digit security code _____

Name on card _____ Card number _____

RACE INFORMATION

I would like to register as: Individual Team Team Captain _____

Team Name (All members must put **exact same** team name) _____

Age Group: 0-9 10-14 15-19 20-29 30-39 40-49 50-59 60-69 70+ **Gender:** Male Female

Vegetarian meal? Yes No **Shirt size:** Youth M S M L XL 2XL 3XL **Shirt style:** Men's Women's

Release & Waiver of Liability Agreement

All participants in the Family Care Network, Inc.'s, Miracle Miles for Kids event are required to, and hereby do, assume all risk of participation in the event by signing this general release agreement: the undersigned Athlete(s) listed in this transaction on behalf of himself/herself and on behalf of Athlete's personal representatives, assigns, heirs, executors, and successors hereby fully and forever releases, waives, discharges and covenants not to sue Family Care Network, Inc., its affiliated corporations (sponsors), the host city (cities), county and state, any and all municipal agencies whose property and/or personnel are used in any way to assist, all sponsoring or co-sponsoring companies, or individuals related to the event together with their officers, directors, shareholders, successors and assigns (collectively "Releases") from all liability to the Athlete and his/her personal representatives, assigns, heirs, executors, and successors for any and all loss(es), damage(s), and any and all claims or demands thereof, on account of injury to Athlete, his/her property or resultant death, whether caused by the active or passive negligence of any or all of the Releases or otherwise, in connection with Athlete's participation in the Event. Athlete represents and warrants that he/she is in good physical condition and is able to safely participate in the Event. Athlete is fully aware of the risks and hazards inherent in participating in the Event and hereby elects to voluntarily participate, knowing the risks associated with the Event. Athlete hereby assumes all risks of loss(es), damage(es) or injury(ies) that may be sustained by him/her while participating in the Event. Athlete agrees to the use of his/her name, likeness and photograph in broadcasts, newspapers, brochures or any and all other promotional purposes without compensation or limitation by Family Care Network, Inc., the Event, any of its sponsors or co-sponsors, or host cities. Athlete acknowledges that the entry fee paid is non-refundable and non-transferable. Athlete acknowledges and agrees that Family Care Network, Inc., in its sole discretion, may delay or cancel the Event if it believes the conditions on race day are unsafe. In the event the Event is delayed or canceled for any reason, there shall be no refund of the entry fee or any other costs of the Athlete in association with the Event. The Athlete hereby authorizes medical treatment as needed. It is understood and agreed that Athlete hereby assumes liability for any and all medical expenses incurred as result of training and/or participating in the Event, including but not limited to ambulance transport, hospital stays, physician and pharmaceutical goods and services. Athlete warrants that all statements made herein are true and correct and understands that Releases have relied on them in allowing Athlete to participate in the event. **ATHLETE HAS READ THE FOREGOING AND INTENTIONALLY AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT.**

IF ATHLETE IS UNDER AGE 18: I hereby certify that, as the parent or guardian for participants included in this online registration who are under the age of 18, I have legal responsibility for and authority to sign this RELEASE AND WAIVER on behalf of my child. I further certify that I have read this RELEASE AND WAIVER in full, understand the same and have signed it voluntarily and with out any duress or coercion.

Signature _____ Date _____

(Signature of legal guardian of participants age 17 and under)

To avoid long lines on race day, bib numbers will be available for early pickup. For details, please visit mm4k.com.

Family Care Network, Inc. • 3765 S. Higuera St., Suite 100, San Luis Obispo, CA 93401 • (805) 781-3535
Office hours: 8:30AM - 5:00PM Monday through Friday. For more details, visit www.fcni.org.