



Mitchell Ekedede
BRAIN INJURY FOUNDATION
Be headstrong: Protect what matters most.

FUN RUN WALKATHON (5K)
Saturday, March 17, 2017 @ 6:00 AM @ ARAWAK CAY

Registration Form

One (1) Registration Form is required per participant.

I plan to: ____Run ____Walk

Last Name _____ First Name _____

Address _____

City _____ Island _____

Phone _____ Email _____

Date of Birth (D/M/Y) ____/____/____ Gender _____

T-Shirts will be provided to all pre-registered runners. Those registering on race day will receive shirts on a first-come first-served basis. Available sizes are:

ADULT: S M L XL XXL (Circle One)

Payment

____Adult Registration \$20.00

____Youth 17 & Under \$10.00

____Kids (10 & Under) Free

Sub-Total \$ _____

My Personal Donation to help Mitchell Ekedede Brain Injury Foundation: \$ _____

Total \$ _____

Enclosed is my check/cash for \$ _____ payable to the **Mitchell Ekedede Brain Injury Foundation**

Waiver: I hereby declare, assert and affirm that participation in the **Mitchell Ekedede Brain Injury Foundation 5K Run/Walk** is done voluntarily and knowingly assumed ALL RISKS involved in this Special Event. The immediate physical risks and hazards associated with normal, vigorous physical activity include (but are not limited to) physical discomfort, fatigue, muscular soreness, falls, pulled or strained muscles, overuse injuries, heat stress, and the rare instance of abnormal responses of the cardio-respiratory system including heart arrhythmia, heart attack, stroke, and sudden death. In consideration of acceptance of this contract allowing my participation in the above stated Special Event and intending to be legally bound thereby, I hereby for myself, my heirs, executors, administrators and assigns, WAIVE AND RELEASE any and all rights and claims for negligence, injuries, damages or losses that I may incur against all participating agencies involved in the above stated Special Event, specifically **Mitchell Ekedede Brain Injury Foundation, Baker Tilly Gomez**, their respective employees, agents, representatives, successors and assigns, for any and all activities connected with the above Special Event. I also understand that I do hereby WAIVE any and all rights or benefits under the Bahamas laws for any injury incurred as a result of my participation in this event, including disregard of the posted route.

Print Name _____

Signature _____

Date _____

Parent/Legal Guardian must sign if participant is 18 or under

For questions please **contact us** on our website <http://mebif.org/>

Send completed form to: headstrong@mebif.org or it may be dropped off at Baker Tilly Gomez.