

this waiver and release.

Signature of Participant:

Parent/Guardian (if under 18):

6th Annual Haiti Clinic 5K Run/Walk

We celebrate Haiti's progress and the opportunity to provide healthcare that is still in great need. With your help, we will continue making a difference in the lives of many.

Please support this 5k event by participating, or selecting a sponsorship opportunity.

Name			
Address/City/State/Zip			
Phone	Email		Choose
your T-shirt size: 🗆 S 🗆 M 🗆 L 🗆 XL Age:	Birthdate:	Please circle: N	Male or Female When:
Saturday, March 14, 2020 at 8:00AM			
Location: South Beach Park, at the far East en	d of the 17th Street C	auseway, Vero Beach	
Registration: \$25.00 in advance / \$30.00 on ra	ace day starting at 7:0	OAM	
On-Line Registration: https://runsignup.com/	Race/FL/VeroBeach/F	IaitiClinic5K	
Packet Pick-Up: Friday, March 13, 2020 at Ru	un Vero from 10:00 Al	M - 5:00 PM or	
race day registration starting at 7:00 AM			
Age groups: (15 & under) (16-2	:5) (26-35) (36-45) (46	-55) (56- 65) (Over 65)
	Have Questions?		
For sponsorship or questions abo	ut Haiti Clinic pl	ease email: info	@haiticlinic.org
For race questions please co	all: 772.643.7010 or e	mail: info@runvero.c	com
I understand that participating in the event can potentially be freely accept and voluntarily assume the risks of personal inj waive, release and hold harmless Haiti Clinic and all parties of	jury or property damage that	may result. I and anyone en	titled to act on my behalf,

_ Date: _____

participation. I will permit emergency treatment in the event of injury or illness while participating. I give permission to use my name and photos taken of me during the event in any promotional material, publication, or on the website. I certify that I have read and understand the intent of