

# Tampa Police Memorial 5K & 1 Mile Run/Walk

OFFICIAL USE: RACE NO. \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: (H) \_\_\_\_\_ (W) \_\_\_\_\_ AGE ON RACE DAY, OCT 12 \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

SEX: M \_\_\_\_ F \_\_\_\_  5K  1 MILE T-SHIRT SIZE: (Circle one) YL S M L XL XXLSWORN LAW ENFORCEMENT:  YES  NO AGENCY NAME: \_\_\_\_\_TPD:  Y  N DISTRICT: \_\_\_\_ 1 \_\_\_\_ 2 \_\_\_\_ 3 \_\_\_\_ HQ NEIGHBORHOOD WATCH GROUP NAME: \_\_\_\_\_

MAKE CHECKS PAYABLE AND MAIL TO: TAMPA POLICE MEMORIAL FUND, P.O. BOX 172995, TAMPA, FL 33672

PRE-REGISTRATION: 5K: \$30 and 1 MILE: \$20 (5K-\$35 after midnight 10/5/19 and \$35 on race day)

AMOUNT ENCLOSED: \_\_\_\_\_ (Registration Fee is NOT Refundable)

WAIVER OF RESPONSIBILITY - I know that a road race is a potentially hazardous activity. I should not enter the run unless I am medically able and properly trained. I agree to abide by any decisions of a race official related to my ability to safely complete the run. I assume all risks associated with running or walking in this event, including but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic, and the condition of the road. All such risks being known and understood by me. Having read this waiver and knowing these facts, in consideration of your accepting my entry, I, for myself, and anyone entitled to act on my behalf, waive and release the Tampa Police Department, the Tampa Police Memorial Fund, and all sponsors, their representatives, and successors from all claims of liability of any kind arising out of my participation in this event.

E-MAIL ADDRESS: \_\_\_\_\_ EMERGENCY CONTACT: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE (if under 18)

DATE