

# Nell's Angels Standard Entry Form

Make Checks Payable to Janell LaCombe Cancer Fund

Payment also accepted via Paypal on <http://nells-angels.org>

5k Angel Fun Run

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Circle: MALE FEMALE Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

How did you hear about Fun Run: \_\_\_\_\_

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Participation Legal Waiver: Please fill out and bring waiver on the morning of the race. If not, must fill out waiver on the morning of the run. I know that running, walking, and/or volunteering to work in Nell's Angels events are potentially hazardous activities. I should not enter or run in Nell's Angels Activities unless I am medically able and properly prepared and/or trained. I agree to abide by any decision of race/event officials relative to my ability to safely compete or assist in this organization's activities. I assume all risk associated with running, walking, or volunteering to work in Nell's Angels events, including-but not limited to- falls, contact with other participants, the effects of the weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this Nell's Angels waiver and knowing these facts and in consideration of your acceptance of my entry for racing, I, for myself and for anyone entitled to act on my behalf waive and release the Nell's Angels, Janell LaCombe Cancer Fund, Janell Legier LaCombe Memorial Fund, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in these Nell's Angels activities, even though the liability may arise out of negligence or carelessness on the part of the persons or entities named in this waiver. I grant permission to all the foregoing to use any photographs, motion pictures, recording, or any other record of my participation in any Nell's Angels event for any legitimate purpose.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parents/Guardians' Signature: \_\_\_\_\_ Date: \_\_\_\_\_