

# 2015 REGISTRATION FORM

CLEFTSTRONG 5K

Sunday, September 13, 2015 • Morgan's Wonderland • San Antonio, Texas



Please Complete all fields below.

● **Personal Information: One Form Per Participant**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Country (if not US) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_  
Email \_\_\_\_\_ Age on 9/13/15 \_\_\_\_\_ Phone # \_\_\_\_\_  
Emergency # \_\_\_\_\_  
PARTICIPATING AS A TEAM? TEAM NAME \_\_\_\_\_

● **Payment Information Please Make Checks Payable to CleftStrong**

I certify payment of (check one)

\_\_\_ One Adult 14 and over \$25.00 OR \_\_\_ One Child 13 - 6 yrs \$15.00(5 and under are FREE)

\_\_\_ Cash # \_\_\_\_\_ Check or Money Order \_\_\_ Visa \_\_\_ Mastercard \_\_\_ Discover \_\_\_ Amex

Card No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

3 or 4 digit security code \_\_\_\_\_ Name on Card \_\_\_\_\_

Billing Street Address \_\_\_\_\_ Billing Zip \_\_\_\_\_

**Tax Exempt Additional DONATION:**

\_\_\_ \$5 \_\_\_ \$10 \_\_\_ \$15 \_\_\_ \$20 \_\_\_ OTHER \$ \_\_\_\_\_

**TOTAL PAYMENT: \$ \_\_\_\_\_**

● **Sign Waiver** Terms and Conditions

I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in this event. I am a voluntary participant in this event, and in good physical condition. I know that this event is a potentially hazardous activity and I hereby assume full and complete responsibility for any injury or accident which may occur during my participation in this event or while on the premises of this event, and I hereby release and hold harmless and covenant not to file suit against CleftStrong, Morgan's Wonderland, and the Cleft Palate Foundation, their Affiliates and any affiliated individuals, any race directors, sponsors, volunteers and their agents and employees, and all other persons or entities associated with this event (the "releasees") from any loss, liability, or claims I may have arising out of my participation in this event, including personal injury or damage suffered by me or others, whether same be caused by falls, contact with participants, conditions of the course, negligence of the releasees or otherwise. If I do not follow all the rules of this event, I understand that I may be removed from participation. I give my full permission to CleftStrong, Morgan's Wonderland, the Cleft Palate Foundation, their affiliates and their sponsors to use any photographs, videotapes, or other recordings of me that are made during the course of this event. I, the participant, give my permission to CleftStrong, Morgan's Wonderland, and the Cleft Palate Foundation to use photographs, audio, and video recordings and facsimile images of me, without compensation, for promotional activities. I further agree to hold CleftStrong, Morgan's Wonderland, and the Cleft Palate Foundation free and harmless from all claims arising from the use of said photographs, audio and video recordings and facsimile images when used within the scope described above.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant Guardian  
(If participant is under 18)

\_\_\_\_\_  
Date