



<p>PRE-REGISTERED</p> <p><input type="checkbox"/> Adult (18 & up) - \$20</p> <p><input type="checkbox"/> Child (11-17) - \$15</p>	<p>RACE DAY</p> <p><input type="checkbox"/> Adult (18 & up) - \$25</p> <p><input type="checkbox"/> Child (11-17) - \$20</p>
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Name: _____ DOB: _____

Address: _____

Phone Number: _____

If you are walking on behalf of a child gone too soon, please include their name(s) below:

PAYMENT: PLEASE CHECK ONE BOX

Cash Check Credit Card

Make checks payable to: Indiana Cuddle Cot Campaign

CREDIT CARD TYPE: Visa MasterCard Amex

Card Number: _____ - _____ - _____ - _____

Exp: _____ / _____ CVV: _____ Zip Code: _____

T-SHIRT SIZE: PLEASE CHECK ONE BOX

Youth: S M L

Adult: S M L XL 2X 3X 4X 5X

Each participant (ages 11 & up) will receive one t-shirt included in his or her registration fee.

To order extra t-shirts or t-shirts for children 10 & under (\$12/shirt), please contact Brittany Irvine

Waiver: Participating in the ICC 5K is a potentially hazardous activity. I agree to abide by any decision made by race officials. I assume all risks associated with participating in this event including, but not limited to, falls, contact with others or injury from cars. Having read this waiver and in consideration with entry acceptance, I, for myself, or anyone entitled to act on my behalf, waive and release all sponsors of this event, Indiana Cuddle Cot Campaign, sponsors, event communities, representatives, and successors from all claims or liabilities for legitimate purposes. I intending to be legally bound hereby, for myself, my heirs, executors, and/or administrators, waive and release all rights and claims for damages I have or that may accrue against coordination committee or agencies, officers, and employees for any and all injuries suffered in the Indiana Cuddle Cot Campaign 5K Run | Walk. If I choose to push a baby/child in a stroller in the race, I will be solely responsible for the child in the stroller.

Print Name of Participant: _____

Signature: _____ Date: _____

* If participant is under 18, a legal guardian must sign

Mail Registration Form(s) and Payment to: PO Box 2293, Richmond, IN 47375
For questions, contact Brittany Irvine at (937) 733-9252