

# 5K Walk/Run For Your Health

## Advanced Movement & WELLNESS

**Advanced Movement & Wellness  
135 W. 2<sup>nd</sup> St Winnemucca, NV 89445**

### **Registration:**

- \$25 per 18 and older participant if member of AMW
- Teams of >4 = \$20 per participating AMW member
- \$35 per 18 and older participant if non- member of AMW
- Teams of >4 = \$30 per participating non- member of AMW
- \$15 per 18 and younger participant
- Family package \$50 (includes mom, dad, and children)
- Well behaved dogs welcomed

### **Race Info:**

- April 20<sup>th</sup>, 2019
- Check in 9:00 - 9:45 am
- Race starts at 10:00 am
- Portion of proceeds going to Nevada Outdoor School Summer Camp Programs
- Checks payable to Advanced Movement & Wellness

### **Swag and After Party:**

- Each participant will receive a t-shirt if registered by 4/5/19
- Prizes and Giveaways post run
- Restorative yoga session post run

2019 5K Walk/Run For Your Health: Saturday April 20<sup>th</sup>, 2019

Name of Racer: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

T-shirt: Youth: XS S M L XL Adult: S M L XL XXL

Full Name Parent/Guardian: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

In consideration of the participation of the above named/minor child in the Advanced Movement & Wellness sponsored program, I hereby agree to the following: I acknowledge, understand and accept that there are inherent risks associated with participation in this program and that doing so could result in an injury or damage. I acknowledge the fact that Advanced Movement & Wellness does not provide accident insurance to its program participants. I certify that, to the best of my knowledge, my self or child is physical fit, and should this condition change at any time during the program, I will notify the administration of the program immediately. I agree to abide by all posted, written, or verbally communicated rules and regulations administered by the staff concerning this program. I agree to indemnify and hold harmless and blameless Advanced Movement & Wellness, its officers, employees, or agents, from any and all liability from damages, loss or injuries, either to persons or property which said person or minor may sustain while engaged in the program or in connection to Advanced Movement & Wellness. I agree to reimburse or make good any loss, damage, or cost that Advanced Movement & Wellness may have to pay if any litigation arises on account of any claim made by said person or minor or anyone in said minor's behalf, resulting directly or indirectly from said person or minor's participation in the program. I further agree, in case of injury, illness, or other actions requiring parental permission, the staff of Advanced Movement & Wellness shall have authority to act for me in the event that I cannot be reached. I understand there will be no refunds. Enrollment is limited. I authorize Advanced Movement & Wellness to take, display and publish photographs, slides, or videotapes for promotional and/or educational purposes. I have read, understand and accept the terms of this agreement as outlined.

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_