



REGISTRATION INFORMATION

First Name	Last Name	Date of Birth (mm/dd/yy)
Street Address		Telephone
City	State	Zip Code
<input type="checkbox"/> Male <input type="checkbox"/> Female		
Email Address		

TEAM INFORMATION (if applicable)

I am a: Team Captain Team Member

Team Name _____ Team Captain _____

HOW DID YOU HEAR ABOUT THE RUN/WALK? (Please check all that apply)

- | | | | | |
|-----------------------------------|--------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> Email | <input type="checkbox"/> SON Website | <input type="checkbox"/> Bingo Night | <input type="checkbox"/> Tuxedo Brothers | <input type="checkbox"/> School of Nursing |
| <input type="checkbox"/> Postcard | <input type="checkbox"/> Newspaper | <input type="checkbox"/> INWDC | <input type="checkbox"/> Running Group | <input type="checkbox"/> Healthcare Facility |

PAYMENT INFORMATION & WAIVER

Event Category:

- 5K Run/Walk
- 10K Run
- 1 Mile "Fun" Walk
- Sleep-In: *I would like to make a difference without leaving home.*

Entry Fee:

- \$20 No t-shirt
- \$25 T-shirt
- \$18 TEAM no t-shirt
- \$23 TEAM t-shirt

Shirt Size: Circle one if ordering t-shirt.

S M L XL XXL

Total Fee:

\$ _____ Donation to S.O.N.

\$ _____ Total Amount

Method of Payment:

- Check: Payable to *Spotlight On Nursing*
- Visa
- Master Card

Credit Card # _____ Exp. Date _____

Signature _____

Waiver & Release

In consideration of the Spotlight on Nursing run/walk event ("the Event"), I HEREBY RELEASE AND FOREVER DISCHARGE, City of Indianapolis, Tuxedo Brothers, Inc., Buggs Temple, RN Specialists, all health care providers assign to or affiliated with the event, (collectively, "the Event Personnel"), and the officers, directors, agents, employees, or anyone acting on behalf of the event personnel, from any and all claims, demands, or actions for personal injury, property damage, or any other damage or loss which may be caused by any act or failure to act, including negligence by the Event Organizers, which may arise out of my participation in completion of this Event and my physical condition has been verified by a licensed medical doctor. I understand and acknowledge that participating in the Event may expose me to dangers from both known and anticipated risks, whether existing because of negligence or other wise, and specifically waive any and all claims arising out of such conditions. In signing this release, I fully recognize that if I am injured or suffer any other loss as a result of participation in the Event, I will have no right to make any claim or file any lawsuit against the Event organizers. I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, AND VOLUNTARILY AND KNOWINGLY AGREE TO ITS TERMS. I also agree to pay the organizers \$30 if I should not return the Champion Chip given to me for timing of the event.

Signature of Participant & Acknowledgement of Waiver & Release (Signature of Parent/Guardian if entrant is under age 18)



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Mr. & Mrs. Stephen & Nancy Finch