

# Parkinson's Outreach Association

# TULIP TROT 5K & 1 MILE

January 27, 2018 @ Cascades Park

[www.theparkinsonsoutreach.org/tuliptrot](http://www.theparkinsonsoutreach.org/tuliptrot)

**Early registration \$15 long-sleeve performance tee or \$10 no tee**

*Early registration ends January 12 - last day to order t-shirts*

\$20 registration after January 12

## DAY OF SCHEDULE

**7:30 AM** Check-in & on-site registrations begin

**8:30 AM** 1 Mile Fun Run

**9:00 AM** 5K Race - USATF Certified **CHIP TIMED**

## CONTACT US

(850) 364-0230

[contact@theparkinsonsoutreach.org](mailto:contact@theparkinsonsoutreach.org)



@thepdoutreach

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FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

EMERGENCY CONTACT: NAME \_\_\_\_\_ PHONE \_\_\_\_\_

AGE (ON DAY OF RACE) \_\_\_\_\_ SEX (Circle one) Male Female

CHOOSE YOUR EVENT (Circle one) 5K – USATF Certified CHIP TIMED 1 MILE FUN RUN

CHOOSE YOUR LONG-SLEEVE PERFORMANCE T-SHIRT SIZE\* (Circle one) NONE ADULT S M L XL 2XL

\*Guaranteed only to runners who have registered and paid for the long-sleeve performance tee option by January 12.

**WAIVER:** I know that running [volunteering for] a road race is potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the race and agree to abide by them. I assume all risks associated with running in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road or sidewalk, all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers, roller skates or roller blades, animals, and personal music players are not allowed in the race and I will abide by all race rules. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Parkinson's Outreach Association Tulip Trot Run/Walk/Roll, the city of Tallahassee, FL, and the Road Runners Club of America, all event sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose. If a person with disability requires an accommodation to participate or if special arrangements are needed, requests should be made to the event coordinator seventy-two (72) hours prior to the event.

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

Parent's Signature if under 18 years \_\_\_\_\_ Date \_\_\_\_\_

MAIL THIS FORM WITH CHECKS PAYABLE TO PARKINSON'S OUTREACH ASSOCIATION, PO BOX 14722, TALLAHASSEE, FL 32317