**Too Precious for this World**

5K Walk Registration Form

For Pregnancy and Infant Loss Awareness

Last Name ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Apt#\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_

Phone (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & DOR (Day of Reverence) of Baby(ies) You are Honoring:

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle: Male Female Age (day of the race) ­­­­\_\_\_\_\_\_\_\_

Emergency Contact Name & Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Registration Fee –**

**Individual: $25; Ages 10 & under: free**

**Team: $20/per member for Teams of 5-12 people**

Total amount enclosed: ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Method of payment of cash or card. Registration and credit card payment can also be taken online at active.com.

*Too Precious for this World Walk Waiver*

*In consideration of the acceptance of my entry, I the undersigned, intending to be legally bound for myself, my heirs, my Executors, Administrators and Assignees, do hereby release Too Precious for this World, its agents and employees and any and all sponsors and supporters of this race and their representatives, successors and assigns from any and all liability arising from any damage, demands, action, illness or injuries in any manner arising or growing out of my participation in this race. I also understand that entry fees I pay are not refundable and I consent to the free use of my name, picture, likeness or image. I have read the foregoing and certify my agreement by my signature below.*

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_ Co-signature of Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note: Co-signature by parent or guardian is required if participant is under 18 years of age.**