

# Miles for Moffitt Race & Coaching Clinic

Each Saturday for the eight weeks prior to the race on May 9th, Lynn Gray with *Take...The First Step* will hold a coaching clinic at **Moffitt**. Each clinic features a 30 minute talk on training, followed by a 45 minute to one hour work out.

*Clinics begin at 8 am on March 14th and continue thru May 2nd.*

*Registration fee of \$100.00 includes 8-week clinic and entry fee to PNC Bank Miles for Moffitt.*

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age on race day: \_\_\_\_\_ Tshirt size S M L XL XXL (please circle)

Check race you wish to participate in:

8k Walk or Run  5K Walk or Run

Are you a Cancer Survivor? Yes \_\_\_ No \_\_\_

Miles for Moffitt Clinic (8-weeks beginning on Sat. March 14th): \$100

Make Checks payable to *Take The First Step* & bring to first class or Mail to:

15100 Hutchison Rd, Suite 109 Tampa, FL 33625• Attn: Lynn Gray

Questions? Email MilesforMoffitt@MOFFITT.org OR Lgray88@yahoo.com

VISA/MC # \_\_\_\_\_ Exp. Date \_\_\_\_\_ 3 Digit Code \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

**WAIVER MUST BE SIGNED to participate:**

I understand that participating in this event is potentially hazardous, and that I should not enter and participate unless I am medically able and properly trained. In consideration of the acceptance of this entry, I assume full and complete responsibility for any injury or accident which may occur while I am traveling to or from the event, during the event, or while I am on the premises of the event. I also am aware of and assume all risks associated with participating in this event, including but not limited to falls, contact with other participants, effect of weather, traffic, and conditions of the road. I, for myself and my heirs and executors, hereby waive, release and forever discharge the event organizers, sponsors, promoters, and each of their agents, representatives, successors and assigns, and all other persons associated with the event, for my all liabilities, claims, actions, or damages that I may have against them arising out of or in any way connected with my participation in this event. I understand that this waiver includes any claims, whether caused by negligence, the action or inaction of any of the above parties, or otherwise.

I understand that the entry fee is non-refundable and non-transferable. I hereby grant full permission to any and all of the above parties to use any photographs, videotapes, motion pictures, website images, recordings or any other record of this event.

Parents must sign if participant is younger than 18. This is to certify that my child has permission to compete in this event, is in good physical condition and that event officials may authorize necessary emergency treatment. REGISTRATION FEES ARE NON-REFUNDABLE.

Signature \_\_\_\_\_

For Race Information, Email MilesforMoffitt@MOFFITT.org