

February 4, 2012 Application **Cancer Freeze 5k**

Bib# _____

Floral State Park ~ Floral, Alabama

(office use only)

(please check)

Runner _____ Walker _____ **Race Begins at 10:00 a.m.**

Name _____ phone# _____

Age on February 4, 2012 _____ Male _____ Female _____

Address _____

City _____ State _____ zip _____

Email Address _____

Shirt Size: Adult Small _____ Medium _____ Large _____ X-Large _____ XXL _____ (\$2. more)

Youth Small _____ Youth Large _____

I know that running a road race is a potentially hazardous activity. I should not enter and run or walk unless I am medically able and properly trained. I assume all risks associated with running in this event including, but not limited to, falls; contact with other participants; the effects of weather, including high heat and/or humidity; traffic; and the conditions of the road, all such risks being known and appreciated by me. 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 officials, sponsors, Masonic Committee, and the city of Floral from all claims or liabilities of any kind arising out of my participation in the Alligator Trot 5K Run. I further state that I am in proper condition to participate in this event.

Signature

(Signature of Parent/Guardian if participant is under 18)

Cancer Freeze 5k use only: Date received _____

Mail Entry To:
Cancer Freeze 5k
c/o Karen Johnson
P. O. Box 524
Paxton, Florida 32538

Pre-Race Day Registration \$20.00
RACE DAY REGISTRATION \$25.00

Race Day Packet pick up begins at 9:00 a.m.

Make Check Payable to: **Cancer Freeze**

For more information go to: cancerfreeze5k.com

Want to participant in our water activities? Go to Cancerfreeze.net

You may direct your questions to: alligatortrot@yahoo.com or Karen 850-951-5385