



INDIVIDUAL EVENTS

Kms for Care Registration

10km, 5km, 1km Fun Run - April 26, 2015

First Name: _____ Last Name: _____

Date of birth: _____ Age on April 26, 2015: _____ Sex: Female Male

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ E-mail: _____

✓	Event	Until Feb 28	Mar 1 to Mar 31	Apr 1 to Apr 26	Shirt Size <i>circle one</i>
<input type="checkbox"/>	10km Run	\$40	\$45	\$55	Unisex adult: XS S M L XL XXL
<input type="checkbox"/>	5km Run	\$35	\$40	\$50	Unisex adult: XS S M L XL XXL
<input type="checkbox"/>	5km Walk				Unisex adult: XS S M L XL XXL
<input type="checkbox"/>	1km Fun Run	\$25	\$25	\$25	Youth: YXS (size 2-4) YS (size 6-8) YM (size 10-12) Adult: S M L XL XXL

Payment Information *Non-refundable and non-transferable. Substitutions accepted for team entries only*

Cash VISA MC Debit Cheque enclosed (*payable to Community Care Peterborough*)

Card #: _____ Expiry date: _____

Name on credit card: _____ Cardholder's Signature: _____

Release and waiver of liability

I am fully aware and recognize the risks associated with participating in Kms for Care and acknowledge that these risks may cause serious injury to my health, including death. I warrant that I am physically fit to participate in this event. I acknowledge that I may need medical assistance for an injury or illness and agree to accept the first aid that may be administered by the race organization. I also recognize that I will be solely responsible for any cost associated with a medical condition/injury inherited by participating in any of the events. I am aware and understand that any of the information I have provided to register may be listed on a safe protected website indicating the registered persons. I am also aware and give consent to any photographer that will be taking pictures at the event, and to the use of these photos in the media and/or to promote future events.

By signing this document, I acknowledge, understand and agree to all the terms outlined. In consideration of being permitted to take part in Kms for Care on April 26, 2015, I hereby release, absolve, indemnify, hold harmless and waive all claims against Kms for Care Committees, Community Care Peterborough, the City of Peterborough, Trent University, The Peterborough Lakefield Community Police Service, the Peterborough Lakefield Police Services Board, the Corporation of the County of Peterborough and the Township of Douro-Dummer from any liability for personal injury or death arising out of my participation in the above named Event. Any risk or possibility of injury or death arising out of participating in the Event is voluntarily assumed.

Signature of participant or parent/guardian if participant is under 18

Date

We hope you will agree to receive communications from us about this race, future races and about Community Care Peterborough. Please check here if you do not wish to receive these communications.

Return to:

Kms for Care Registration, Community Care Peterborough, 185 Hunter St E, Peterborough, ON K9H0H1
Phone: 705-742-7067 Fax: 705-745-6011





TEAMS & FAMILIES

Kms for Care Registration

5km Team & 1km Family - April 26, 2015

Team/Family Name: _____

Team Leader First Name: _____ Last Name: _____

Date of birth: _____ Age on April 26, 2015: _____ Sex: Female Male

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ E-mail: _____

✓	Team Event	Until Feb 28	Mar 1 to Mar 31	Apr 1 to Apr 26	Team Leader Shirt Size <i>circle one</i>
<input type="checkbox"/>	5km Team Challenge <input type="checkbox"/> Walk* OR <input type="checkbox"/> Run Please check one of above <i>4-8 members time based on top 4 finishers</i>	\$35 per member	\$40 per member	\$50 per member	Unisex adult: XS S M L XL XXL
<input type="checkbox"/>	1km Family Fun Run <i>maximum of 5 members with a minimum of 1 adult</i>	\$60	\$65	\$70	Youth: YXS (size 2-4) YS (size 6-8) YM (size 10-12) Adult: S M L XL XXL

*All team members registered in the team walk challenge MUST walk *

Name #2: _____ Sex: _____ Date of birth: _____ Age on race day: _____ Shirt Size: _____

Name #3: _____ Sex: _____ Date of birth: _____ Age on race day: _____ Shirt Size: _____

Name #4: _____ Sex: _____ Date of birth: _____ Age on race day: _____ Shirt Size: _____

Name #5: _____ Sex: _____ Date of birth: _____ Age on race day: _____ Shirt Size: _____

Name #6: _____ Sex: _____ Date of birth: _____ Age on race day: _____ Shirt Size: _____

Name #7: _____ Sex: _____ Date of birth: _____ Age on race day: _____ Shirt Size: _____

Name #8: _____ Sex: _____ Date of birth: _____ Age on race day: _____ Shirt Size: _____

Payment Information *Non-refundable and non-transferable. Substitutions accepted for team entries only.*

5k Team Challenge only: _____ x \$ _____ = \$ _____
of members current fee total

Cash VISA MC Debit Cheque enclosed (*payable to Community Care Peterborough*)

Card #: _____ Expiry date: _____

Name on credit card: _____ Cardholder's Signature: _____

TEAM LEADER MUST SIGN AND DATE THE RELEASE AND WAIVER OF LIABILITY ON THE REVERSE FOR REGISTRATION TO BE PROCESSED

