



# Walk-Run-Wag for Wishes 5K & Dog Walk

## Date of Event:

August 11, 2017

Camper Agility Event: 12:00 PM

Race Kick-Off: 3:00 PM

Dog Walk Kick-Off: 3:10 PM

- Participant Fee: \$20, includes free t-shirt (while supplies last).
- No runner is permitted to run without signed registration form.
- Pet Prizes include Largest/Smallest Dog, Dog-Owner Look-A-Like Contest, and Best Costume
- Location: Suffolk Community College, Sports and Exhibition Center, Grant Campus, Brentwood, NY

## Participant Registration/Donation:

\_\_\_\_\_  
*Runner Name*

\_\_\_\_\_  
*DOB*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*ZIP*

\_\_\_\_\_  
*Email*

# Tickets \_\_\_\_\_ X \$20= \$ \_\_\_\_\_

Payment: Cash or Check Total: \$ \_\_\_\_\_

Checks payable to Make-A-Wish Foundation of Suffolk County

## Disclaimer:

> DISCLAIMER As parent or legal guardian of above named minor camper/participant, I hereby give permission for my child to participate in SPORTSPRO SUMMER CAMPS. I acknowledge that participation in athletic and camp activities carries with it a risk of injury. I agree that SPORTSPRO SUMMER CAMPS and its officers, directors, members, employees and agents shall not be liable to me or my child for any injury, property damage (including theft or loss of personal items) or loss whatsoever resulting directly or indirectly from my child's participation in any SPORTSPRO SUMMER CAMPS activities, events, programs or camps at any time prior to, during, or after such activity, event, program, or camp is in session. I hereby release and discharge SPORTSPRO SUMMER CAMPS and its officers, directors, members, employees and agents from all actions, claims, damages, and demands that I or my child may have for any such injury, damage or loss. I further represent and warrant that my child is healthy and able to fully participate in all activities and is covered by adequate health insurance policies covering any such injuries that may be sustained while participating in SPORTSPRO SUMMER CAMPS activities, events, programs or camps and I agree to provide all medical records of immunizations prior to the first day of attendance. In the event that I or my designated emergency contact(s) cannot be reached in a medical emergency involving my child, I hereby give permission for SPORTSPRO SUMMER CAMPS to obtain emergency medical attention for my child for which I will be financially responsible and for which I shall further hold SPORTSPRO SUMMER CAMPS and its officers, directors, members, employees and agents harmless and shall indemnify SPORTSPRO SUMMER CAMPS for any costs, claims, damages or liabilities incurred. I hereby give permission to SPORTS- PRO SUMMER CAMPS to use photographs or video of my child engaged in camp activities to promote future SPORTSPRO SUMMER CAMP events, camps, activities and programs.

\_\_\_\_\_  
*Runner Name*

\_\_\_\_\_  
*Emergency Contact Number*

\_\_\_\_\_  
*Runner Signature & Date*

\_\_\_\_\_  
*Parent Signature (Required if Runner is Under 18) & Date*