

# Myla's Mission for Sturge-Weber Awareness 5K

Saturday, May 15, 2021 | 9:00AM

Decatur County Primary Care

718 N. Lincoln St. Greensburg, IN 47240



## Registration Fees:

March 19th – May 1st | \$25.00 - Guaranteed to receive a shirt

May 2nd – May 15th | \$30.00 - Not guaranteed to receive a shirt

To register please complete this form and return with payment included - via cash or check made payable to The Sturge-Weber Foundation. **Proceeds benefit the foundation and continuing research.**

PLEASE DROP OFF/PICK UP FORMS AT TREE CITY MEDICAL PARTNERS OR GAMEPLAN GRAPHICS.

☐ **Yes! I will participate in Myla's Mission 5K benefiting the Sturge-Weber Foundation.**

☐ **No, I will be unable to attend. A contribution is enclosed.**

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

T-Shirt Size: ☐ Youth X Small, ☐ Youth Small, ☐ Youth Medium, ☐ Youth Large

☐ Adult Small, ☐ Adult Medium, ☐ Adult Large, ☐ Adult XL, ☐ Adult XXL

T-Shirt Type: ☐ Cotton ☐ Dry-Fit

## WAIVER, RELEASE, AND INDEMNITY AGREEMENT (Read before signing)

*In consideration of acceptance of my entry, I hereby release, discharge and agree to hold harmless the "Sturge-Weber Foundation— "Myla's Mission for Sturge-Weber Awareness 5K" organization, Decatur County Memorial Hospital, City of Greensburg, Decatur County, any sponsors, officials, or organizers of this event and each of them together with their successors, assigns, officers, agents, and employees from any and all liability for injuries to property or person suffered by me as a result of my participation in this event. By execution of this waiver, I assume all risks associated with my participation in this event including, but not limited to falls, the effects of weather, traffic, road and trail conditions, and all risks associated with running or walking in an urban setting whether such risks are specifically known or appreciated by me. I verify that I am physically fit and have sufficiently trained for this event and that my physical condition has been verified by a licensed medical doctor. I specifically agree that it is not the duty of any of the parties listed above to check, monitor, or evaluate my physical condition for the appropriateness of my participation in this event at any time. I agree to indemnify any of the parties listed above for damages caused by me to any such party or parties and any third parties, by virtue of my participation in this event. I further agree to yield all emergency vehicles on the course in the event they must treat another participant.*

Signature (or Parent's Signature if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Online registration available at [www.mylasmissionsws.com](http://www.mylasmissionsws.com).

Follow Myla's Mission Facebook page for more details.