



# Paralyzed Veterans of America

Florida Chapter

## PARALYZED VETERANS OF AMERICA FLORIDA CHAPTER 5K RUN WALK & ROLL

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

Gender: M / F

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Shirt Size (circle one): S M L XL

I am participating in (Circle one): Run Walk Roll

\*I acknowledge that by participating in the Paralyzed Veterans of America Florida Chapter 5K Run, Walk & Roll, I hereby release and hold harmless Paralyzed Veterans of America Florida Chapter, it's members, employees, assigns, businesses and organizations affiliated with it from all claims of damage, demands, actions and whatsoever, in any manner arising as a result of my participation in this event. I am aware of and grant permission for my name and images taken during the course of this event to be used in promotion of the Paralyzed Veterans of America Florida Chapter 5K Run, Walk & Roll both now and in the future.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent/ Guardian Name (If under the age of 18): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Open Registration: \$25.00 | Veteran Registration: \$20.00

Late Registration: \$35.00

Please mail this completed form along with race registration fee to:

Paralyzed Veterans of America Florida Chapter  
5K Run, Walk & Roll  
3799 N. Andrews Ave.  
Oakland Park, FL 33309