

2nd Annual

FORT4FITNESS

HALF MARATHON • 4 MILE RUN/WALK • HEALTH FAIR • HEALTHY FOOD EXPO

Fort Wayne, Indiana • September 25-26, 2009



2009 Fort-4-Fitness Event Change Request Form

Part 1 – Identify Registrant

Last Name		First Name		MI
Address				
City		State/Prov	Postal Code	Country (if not US)
Email Address			Telephone	<input type="checkbox"/> Day <input type="checkbox"/> Eve <input type="checkbox"/> Cell

Part 2 – Request to Switch Events (Do NOT use this form to transfer your entry to another person)

I am currently registered for the:	I want to switch my registration to the:
<input type="checkbox"/> Half Marathon	<input type="checkbox"/> Half Marathon (a \$35 fee applies which includes the \$25 difference in event cost plus \$10 processing fee)
<input type="checkbox"/> 4 Mile Run/Walk	<input type="checkbox"/> 4 Mile Run/Walk (The event price difference is not refunded if transferring from the Half Marathon but there is no processing fee. This form is not needed if transferring from the 4M with Stroller event)
<input type="checkbox"/> 4 Mile Walk with Stroller	<input type="checkbox"/> 4 Mile Walk with Stroller (No processing fee but Part 3 must be completed)

Part 3 – Stroller Liability Waiver and Release (only if switching to the 4 Mile Walk with Stroller above)

I certify that I am the parent or legal guardian of the occupant(s) named below (hereinafter "Occupant") of the stroller, wheelchair or similar device (hereinafter "Stroller") who is (are) of minor age or otherwise incapacitated and that I have the legal capacity and authority to bind the Occupant to this Liability Waiver and Release. On behalf of Occupant and me and as a condition of the Occupant's participation in the Fort-4-Fitness 4 Mile Walk, I verify that I have read, understand, and accept the terms of this waiver and release.

I understand the nature of this event and the risks involved in Occupant's participation in this event. I understand that Strollers are permitted only for participants who will maintain a walking pace in the 4-mile event only. I know that walking a road race while pushing a Stroller is potentially a hazardous activity. I understand that I should not participate unless I am medically able and sufficiently trained to do so. I agree to abide by any decision of any race official concerning my or the Occupant's ability to safely complete this event.

I understand that while police protection will be provided, there may still be traffic on the course. I assume all risks associated with my and the Occupant's participation in this event, including but not limited to, traffic and other conditions of the road, falls, contact with other participants or volunteers, and the effects of the weather, including extreme temperatures and precipitation.

I give permission to Fort-4-Fitness, Inc., its officers, directors, race officials, police, fire, emergency and medical personnel supporting the event to obtain and provide medical assistance to me and/or the Occupant in the event of an emergency. This permission will include the administration of medicines, surgical treatment, X-ray examination or hospitalization as might be ordered by a licensed medical doctor or certified medical professional. I release and discharge Fort-4-Fitness, Inc., its officers, directors, race officials, police, fire, emergency and medical personnel supporting the event from any liability for any first aid rendered or treatment performed pursuant to this consent.

I grant Fort-4-Fitness permission to use any photographs, motion picture recordings or any other record of this event for any legitimate purpose.

Knowing these facts, for and in consideration of the opportunity to participate in this race with Occupant, I, on behalf of myself, my heirs and administrators, and on behalf of Occupant, Occupant's heirs, executors, administrators, or anyone else who might claim on behalf of either of us, covenant and agree not to sue and fully release and discharge Fort-4-Fitness, Inc., the City of Fort Wayne, Allen County, race sponsors, race participants, race officials, race suppliers, workers, volunteers, and any and all officers, directors, employees and other representatives of the foregoing, and any successors or assigns of the foregoing, and hold and waive them harmless from and against ANY AND ALL actions, claims, injuries, demands, liabilities, loss, damage, or expense, including, but not limited to: death, personal injury, and property damage, whether foreseen or unforeseen, arising out of, or in the course of my or the Occupant's participation in this event.

To the extent this waiver and release is not enforceable with respect to Occupant, I agree to indemnify Fort-4-Fitness, Inc., its officers, directors, race officials, the City of Fort Wayne, Allen County, police, fire, emergency and medical personnel supporting the event, The End Result Co., Inc., race sponsors, race participants, race suppliers, workers, volunteers, and any and all officers, directors, employees and other representatives of the foregoing, and any successors or assigns of the foregoing, for any and all damages, claims, or liability they may suffer or incur as a result of my or Occupant's participation in this event, including but not limited to court costs and attorney fees.

Participation in this event is expressly conditioned upon agreement to this stroller waiver and release and by signing this form I understand and agree with all terms of this waiver and release.

Initials of parent or legal guardian of Occupant with the legal capacity and authority to bind the Occupant to this Stroller Liability Waiver and Release if the Occupant is of minor age or otherwise incapacitated:

Initials _____

Name(s) of Stroller Occupant(s) _____

Part 4 – Signature (all must sign) and Fees

Fort-4-Fitness Use Only

Signature	Date	Approved By	Date
If switching to the Half Marathon, please mail this form by 9/12 to the address below with a check or money order for \$35.00 payable to Fort-4 Fitness. For all others, please mail or fax this form by 9/12 to: Fort-4-Fitness, PO Box 9007 Fort Wayne, IN 46899 Tel: (260) 760-3371 Fax: (260) 436-1507		Transaction #	Bib Number