



Healthy Heart - 5K RUN

Sunday, February 28th, 2010 - 8am

5K Run

- \$25 Individual
- \$100 5 Man Team

NO REFUNDS - Race will take place Rain or Shine!!

Packet PickUp:

Saturday – 3pm to 6pm @ Aunt Chiladas Easy Street Cafe

Sunday – 7:00am to 7:45am

Race Site.

Entry Fees

Make Checks Payable To:

Aunt Chiladas Easy Street Cafe

69 Pope Avenue

Hilton Head Island, SC. 29928

OR

Register online at www.auntchiladashhi.com

(DO NOT mail in race application
after 2/21/2010)

Race Course

5K course will Start at the Aunt Chiladas Parking Lot, Runners will proceed down Waterside Drive to Lagoon Road, Down Ibis Street and then down the bike path on North Forest Beach Road. Runners will head back to finish at turnaround half way between Wanderer Lane and Driftwood Lane using the same route then finish back at the Aunt Chiladas Parking Lot.

Name: _____

Address: _____

City: _____ State/Zip: _____

Contact Phone: _____ E-Mail: _____

Sex (circle one) Male - Female Age on Race Day: _____

Birthday: _____ Anniversary: _____

T- Shirt Size (check one): Small Medium Large X-Large

By signing this form you agreeing to be entered in to the Aunt Chiladas database and receive all advertising promotions including but limited to eblasts from all Aunt Chiladas restaurants and partners. You will be able top unsubscribe at any time.



ACCIDENT WAIVER & RELEASE OF LIABILITY

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event and lack of hydration. These risks are not only inherent to athletes, but are also present for volunteers. I hereby assume all of the risks of participating and/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault. I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person. I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holders, sponsors, and organizers of the event in which I may participate, and that it will govern my actions and responsibilities at said events. In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next to kin, successors, and assigns as follows: (A) Waive, Release, and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereby occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSON: Aunt Chiladas Easy Street Café, Southwind Management, Spinnaker Resorts, The Town of Hilton Head, Beachwalk Hotel, their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities and claims made as a result of participation in this event, whether caused by negligence of releases or otherwise. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness during this event. I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns. The Accident Waiver and Release of Liability shall be construed broadly to provide and release and waiver to the maximum extreme nt permissible under applicable law. I hereby certify that I have read this document; and, I understand its content.

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Print Participant's Name & Age

Signature

Date

(if under 18 yrs., parent or Guardian must also sign below)

PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 yrs. Old)

The undersigned parent and guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to give and hold harmless and indemnify each and all the parties referred to above from all liability, loss, cost, claim or damage whatsoever may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parent or legal guardian.

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Print Participant's Name & Age

Signature of Parent or Guardian

Date