



# RUN TO HONOR VETERANS

## VETERAN & GENERAL PARTICIPANT -REGISTRATION & DONATION FORM

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on race day \_\_\_\_\_  Male  Female

Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

DAV 5K Team Name (optional) \_\_\_\_\_

Yes, I would like to receive important emails about race day info. Are you an employee of DAV? Yes / No

Yes, I would like to receive postal mail from DAV. Are you a member of DAV or DAV Auxiliary? Yes / No

### SELECT YOUR CITY & REGISTRATION TYPE

ATLANTA BOSTON CINCINNATI KEMAH NEWPORT NEWS TULSA

**VIP Veteran: \$15**  
Shirt included  
Shirt Size: XS, S, M, L, XL, 2XL, 3XL, 4XL, 5XL

**Adult 5K Run/Walk (18 & older): \$30\*\***  
Shirt included  
Shirt Size: XS, S, M, L, XL, 2XL, 3XL, 4XL, 5XL

**FREE Veteran (no fee)**  
Shirt not included

**Youth 5K Run/Walk (ages 6 - 17): \$15**  
Includes shirt  
Shirt Size: XS, S, M, L, XL, 2XL, 3XL, 4XL, 5XL

I would like to participate in the Handcycle or Wheelchair Roll. (Circle One)

<b>2018 DAV 5K Dates</b>
<b>November 3</b>
Kemah & Tulsa
<b>November 4</b>
Newport News
<b>November 10</b>
Atlanta, Boston, Cincinnati

**\*\*Forms received by mail must be postmarked by Monday, October 15 to ensure time for processing\*\***

### Waiver (Signature required if registering for the event)

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER. IF I AM SIGNING ON BEHALF OF ANY OTHER PERSON OR PERSONS, I CERTIFY THAT I HAVE AUTHORITY TO DO SO. I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in this event. I am a voluntary participant in this event, and in good physical condition. I KNOW THAT THIS EVENT IS A POTENTIALLY HAZARDOUS ACTIVITY AND I HEREBY ASSUME FULL AND COMPLETE RESPONSIBILITY FOR ANY INJURY OR ACCIDENT WHICH MAY OCCUR DURING MY PARTICIPATION IN THIS EVENT OR WHILE ON THE PREMISES OF THIS EVENT, AND I HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST DISABLED AMERICAN VETERANS, DBA DAV, ITS LOCAL AFFILIATES AND ANY AFFILIATED INDIVIDUALS, THE DAV 5K AND ANY AFFILIATED INDIVIDUALS, ANY RACE SPONSORS AND THEIR AGENTS AND EMPLOYEES, AND ALL OTHER PERSONS OR ENTITIES ASSOCIATED WITH THIS EVENT (THE "RELEASEES") FROM ANY LOSS, LIABILITY OR CLAIMS I MAY HAVE ARISING OUT OF MY PARTICIPATION IN THIS EVENT, INCLUDING PERSONAL INJURY OR DAMAGE SUFFERED BY ME OR OTHERS, WHETHER SAME BE CAUSED BY FALLS, CONTACT WITH PARTICIPANTS, CONDITIONS OF THE COURSE, NEGLIGENCE OF THE RELEASEES OR OTHERWISE. If I do not follow all the rules of this event, I understand that I may be removed from the competition. I give my full permission to the DAV and its local Affiliates and Races and their sponsors and corporate sponsors to use any photographs, videotapes, audiotapes or other recordings of me that are made during the course of this event. I understand that this Waiver and Release may be stored electronically and agree that a copy is authentic and admissible as evidence in any future dispute or proceeding. DRUG TESTING: Participants in this competition may be subject to formal drug testing in accordance with USATF rules and IAAF Rule 144. Participants who refuse to be tested or who test positive for banned substances will be disqualified from this event and will be ineligible for future competitions. IF ANY PART OF THIS WAIVER AND RELEASE IS DEEMED TO BE UNENFORCEABLE, THE REMAINDER SHALL BE ENFORCEABLE TO THE FULLEXTENT OF THE LAW.

Participant Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name \_\_\_\_\_ Parent or guardian signature required above if participant is under age 18.

### YES! I WANT TO MAKE A DONATION

\$25  \$50  \$100  \$250  Other \_\_\_\_\_

Cash  Check (DONATIONS ARE TAX DEDUCTIBLE. (MAKE PAYABLE TO DAV AND INCLUDE DAV 5K & PARTICIPANT NAME IN MEMO FIELD))

Credit Card (ALL FIELDS REQUIRED) Type of card (CIRCLE ONE) VISA MasterCard American Express Discover

Name as it appears on card \_\_\_\_\_ Cardholder Signature \_\_\_\_\_

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_

Total Amount Enclosed (including registration fee and donations): \$ \_\_\_\_\_

**PLEASE MAIL FORM & PAYMENT TO  
DAV National Headquarters  
Attn: DAV 5K, 3725 Alexandria Pike, Cold Spring, KY 41076**