



October 30,
2010
Lake-Sumter
Community
College,
Leesburg

Registration Times

5k Run/Walk: 7:00 a.m.
1/2 Mile Walk: 8:30 a.m.

Start Times

5k Run/Walk: 8:00 a.m.
Low Vision Expo: 8:30 a.m.
Awards for 5k: 9:15 a.m.
1/2 Mile Walk: 9:30 a.m.

Registration Costs

5k Run/Walk or 1/2 Mile Walk
- Register by Sept. 30 \$20
- Register by Oct. 29 \$25
- Register day of event \$30

One registration fee allows you to participate in both the 5k and 1/2 mile events.

Please make all checks payable to "New Vision for Independence." You can also register online: www.n-v-i.org then click on "Special Events."



Please fill out this registration form, cut along this line, and return to New Vision.



5k Run/Walk

October 30, 2010 | Leesburg, FL

New Vision 5k Run/Walk Registration Form

Name: _____
Address: _____
City: _____ State: _____
Zip: _____ Phone: _____
Birth date: _____ Age: _____

Team Name (if part of a team): _____ Team Captain: _____

Shirt Size: S M L XL

(Must pre-register to be guaranteed a shirt.)

Method of Payment: Cash

Check

Credit Card:

Visa

MasterCard

Exp.: / Billing Zip: _____

In consideration of my entry being accepted, I intend to be legally bound, and do hereby for myself, heirs, executors and administrators, release and relinquish all rights and claims of damages which I may have or which may hereinafter accrue to me against Lake-Sumter Community College and New Vision for Independence, their directors, officers, agents, members, volunteers, successors, assigns and all their sponsors and supporters for any and all damages or injuries which may be sustained and suffered by me in consideration with my association with or entry or participation in any event itself. I also covenant with the aforementioned persons and entities not to sue any of such persons for any activity, including negligence of such persons and entities. I certify that I have represented my application for entry that my physical condition and training of this event is adequate to participate safely in the event and I acknowledge that I am familiar with the distances, rigors and the risk of the events involved. If I should suffer injury or illness, I authorize the official of the event to use their discretion to have me transported to a medical facility and I take full responsibility for this action. I hereby grant full permission to any and all of the foregoing to use any photographs, videotapes, motion pictures, recordings or any other record of this event for any purpose.

Date: _____ Signature: _____

(Unsigned registration forms cannot be accepted.)

