



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

24TH ANNUAL SHRIMP FESTIVAL 5K RUN/WALK

Saturday - May 5, 2018

YMCA OF FLORIDA'S FIRST COAST | MCARTHUR FAMILY YMCA
 1915 Citrona Drive | Fernandina Beach, FL 32034 | 904.261.1080

FIRST NAME _____ M.I. _____ LAST NAME _____

ADDRESS _____ CITY, STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____ EMAIL _____

SCHOOL NAME _____

5K RUN AND WALK - 8:00AM 7 - 10 | 11 - 14 | 15 - 19 | 20 - 24 | 25 - 29 | 30 - 34 | 35 - 39
 AGE DIVISIONS (CIRCLE ONE) 40 - 44 | 45 - 49 | 50 - 54 | 55 - 59 | 60 - 64 | 65 - 69 | 70 & OLDER

D.O.B. _____

1 MILE KATIE CAPLES RUN - 8:45am **1/2 MILE POPCORN SHRIMP RUN - 9:00am**
 AGES 12 AND YOUNGER AGES 8 AND YOUNGER

GENDER M / F

REGISTRATION FEE

5K RUN \$30 1 MILE KATIE CAPLES RUN \$15 LATE FEE AFTER MAY 1 \$5
 5K WALK \$30 1/2 MILE POPCORN SHRIMP RUN \$12

SHIRT SIZE (CIRCLE ONE):

YOUTH S M L
 S M L XL XXL

KidZone childcare will be available for ages 3-7 years while family members participate in the run.

Will you utilize this service? Y / N **Child's name & age:** _____

RACE PACKET PICK-UP

Friday, May 4	Saturday, May 5
7:00am - 5:00pm	7:00am
McArthur Family YMCA	Main Beach, Fernandina Beach
Must be registered by May 2	

AWARDS

Awards will be given to the top three male and top three female finishers in each age group in the 5K run and 1-mile Youth Run, the top male and female in the 5K run, and to all 1/2-mile Youth Run participants. In addition, the overall winner for each age group in the first-time 5K walk event will be recognized. Other prizes and awards will also be given at the completion of the event.

WE'D LIKE TO THANK THIS YEAR'S SPONSORS:

- dtw Research**
- First Federal Bank | CBC National Bank**
- Advance Rehabilitation**
- Amelia Dental Group**
- Amelia Urgent Care**
- Bar Zin**
- Brooks Rehabilitation**
- Care Spot**
- Costal Home Team Watson Realty Corp**

- Faltemier Rogers PLLC**
- Rayonier**
- Robinson Jewelry**
- Rick Keffer Dodge Chrysler Jeep**
- Katie Caples Foundation**
- Nassau Health Foods**
- McCall Tree Health and Consulting LLC**
- Omni Amelia Island Plantation**
- WestRock**

GIVE TO THE Y - CHANGE YOUR COMMUNITY

KEEPING HEADS UP AND ABOVE WATER

Drowning is the second leading cause of unintentional death in children ages 1 to 14. It takes just one inch of water and 10 seconds to claim another life.

As a national leader in water safety and aquatics instruction, we ensure that everyone, regardless of age, income or background, has access to the essentials needed to learn, grow and thrive. That's why we offer swim lessons for every age and stage of life. We understand that knowing how to swim is not only a fun, recreational activity, but that it is also a life-saving skill that provides confidence. Proceeds from this event will help provide lessons to underserved individuals and families in our community.



PLEASE SIGN WAIVER ON BACK OF THIS FORM

WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT – Adult Program Participant and Family

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA of Florida’s First Coast, Inc. (“YMCA”) for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

- 1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as “releasees”) from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
- 2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
- 3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the state of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ THE ABOVE WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT.

SIGNATURE OF MEMBER / PARTICIPANT

SIGNATURE OF PARENT / GUARDIAN

DATE

CONDITIONS OF PROGRAM PARTICIPATION

While the YMCA will make every attempt to provide reasonable accommodations for mentally and physically challenged children, the YMCA will not accept children that are (1) of danger to themselves, (2) of danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy YMCA programs. Any of the above reasons will be grounds for dismissal from YMCA programs. The YMCA strongly recommends that you discuss with YMCA staff any special conditions or circumstances involving your child. The YMCA requests that the undersigned do this PRIOR to registration so that the YMCA can advise you as to whether we can make reasonable accommodation for your child.

The undersigned understands that the YMCA is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

I give my permission to the YMCA of Florida’s First Coast Inc. to use, without limitation or obligation, photographs, film footage or tape recordings that may include mine and or my family member’s image(s) or voice(s) for purposes of promoting or interpreting YMCA programs.

In the event of an emergency and my emergency contact person cannot be reached, the undersigned hereby gives his or her permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the individual named on this application.

The undersigned understands that no accident or medical insurance is provided with this activity.

I UNDERSTAND THE FEE MUST ACCOMPANY THIS APPLICATION AND IS NON-REFUNDABLE EXCEPT FOR VERIFIED MEDICAL REASONS

ACCEPTANCE

I accept the Conditions of Program Participation set forth above and, being in sympathy with the Mission of the YMCA, hereby apply to participate.

SIGNATURE OF PARTICIPANT

DATE