



Florida Inaugural 5K Walk /Run
Saturday September 26, 2015
Florida Department of Health in Hardee County
115 KD Revell Road
Wauchula, Florida 33873

CANNED FOOD DRIVE !!!
 Bring a can of non-perishable food to help support Hardee Help Center

WALK or RUN!

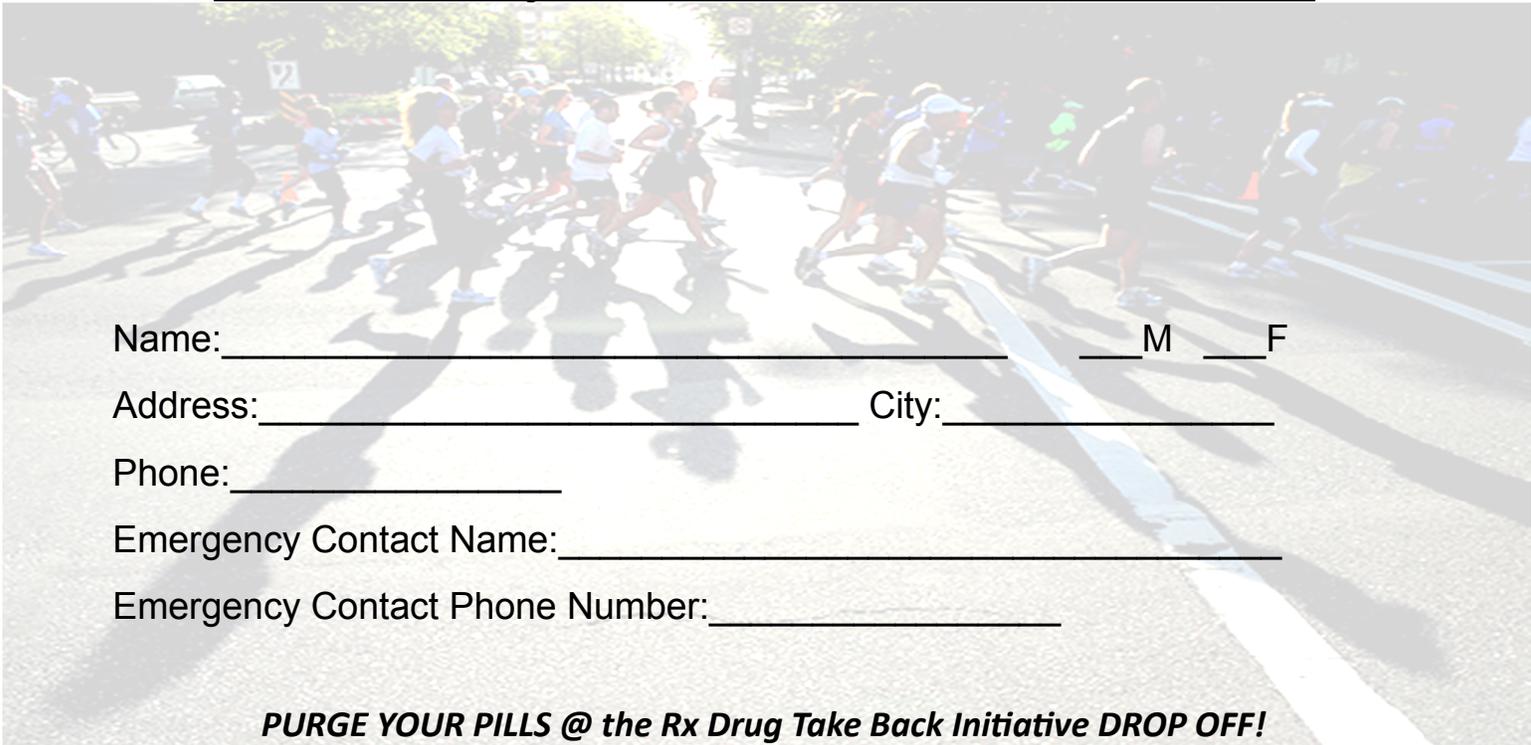
Come join us in raising awareness and educating our community members about the benefits of maintaining a healthy weight through proper diet and physical activity.

Sign In at 7:00am

Event STARTS AT 8am !



For the benefit of your health this will be a Tobacco Free Event



Name: _____ M _____ F

Address: _____ City: _____

Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

PURGE YOUR PILLS @ the Rx Drug Take Back Initiative DROP OFF!

Drug Free Hardee Rx Drug Take Back Initiative, in conjunction with the Wauchula Police Department
 For More Information Call Maria Pearson, Drug Free Hardee Coalition Coordinator 863-767-0401
 (**Please secure all medications in air-tight sealed plastic bags)

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

Florida’s Healthiest Weight 5K
Consent, Waiver, Assumption of Risk and Release of Liability

I, _____, understand that participation in Florida’s Healthiest Weight 5K (“Event”) presents certain risks and hazards including, but not limited to, falls, slips, muscle strains, sprains, bruises, broken limbs, dehydration, serious medical problems, hazards along the route, vehicular traffic, and other ordinary risks associated with strenuous physical activity, including death. I acknowledge that I understand that I should consult with my physician prior to engaging in any physical activity. I do not have a past or present medical condition that may be affected by participating in this Event or that I have obtained clearance from a physician before participating in this Event. I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and I voluntarily accept and assume all risks involved with this Event as a participant, including any injury or accident which may occur to me or my property.

In consideration of value received by the right to participate in Florida’s Healthiest Weight 5K, I, for myself, my attorneys, heirs, executors, administrators, successors and assigns, do hereby waive, release and forever discharge the State of Florida, Department of Health, and its employees, agents, volunteers and/or contractors assisting with this Event (hereinafter the “Released Parties”) from all manners of action, causes of action, suits, debts, damages, claims, expenses, and liability of any type or kind whatsoever arising from or in connection with this Event, including acts of negligence by the Released Parties. Further, I agree to indemnify and hold harmless the Released Parties from and against all liability, claims, suits, demands, damages, judgments, costs, and expenses, including reasonable attorney’s fees, to which any of the Released Parties may be subject by reason of any claim arising from or in connection with this Event.

I also acknowledge and give my consent to release the use of any images of me obtained during this Event to be used in any publication or news release promoting or reporting on this Event.

I have read this Consent, Waiver, Assumption of Risk and Release of Liability, fully understand its terms, understand that I give up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Participant’s Signature

Participant’s Printed Name

Date Signed

Parent or guardian consent for children under 18 years of age:

I agree to allow my child, _____, to participate in this Event. I have read the above-stated consent, waiver, assumption of risk, and release of liability and agree to its terms. I represent that my child is in good physical condition and able to participate.

Parent/Guardian’s Signature

Parent/Guardian’s Printed Name

Date Signed