

THE THIN BLUE LINE RUN

November 21st, 2009

8:00 AM

Charlotte-Mecklenburg Police Academy

REGISTRATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____

DATE OF BIRTH: _____ MALE ____ FEMALE ____

EMERGENCY CONTACT: _____

EMERGENCY CONTACT PHONE: _____

DONATION AMOUNT: \$ _____ CHECK ____ CASH ____

Send check, cash or money order to:

CHARLOTTE'S FINEST LEGACY FOUNDATION
P.O. BOX 410072
CHARLOTTE, NC 28241

All proceeds benefiting the
CHARLOTTE'S FINEST LEGACY FOUNDATION

A scholarship fund in honor of Charlotte-Mecklenburg Police Officers Sean Clark and Jeff Shelton
who were killed in the line of duty April 1st, 2007

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WAIVER AND RELEASE: I, _____, understand, acknowledge and agree that participating in the Thin Blue Line Run ("Event") is a hazardous activity and involves physical risk to me. I hereby certify that I am and will be physically fit on the day of the Event. I acknowledge and assume any and all risks associated with participating in the Event including but not limited to, illness, traveling to and from the Event, falls, contact with spectators or other participants, vehicle traffic along the course, the effects of the weather, and the surface condition of the roads and sidewalks. I agree to abide by any decision of any Event official relative to my ability to complete this event safely. In consideration of the acceptance of my entry, I, for myself, my heirs, representatives and successors, hereby waive, release, discharge, hold harmless, promise not to sue The Charlotte's Finest Legacy Foundation, the City of Charlotte, any and all sponsors, suppliers, volunteers and others associated with the Event (hereinafter "Released Parties") from all harm, damages or liabilities which I may suffer or which may be sustained by me, directly or indirectly, relating to claims that I have waived, released, or discharged herein. I agree to hold harmless and indemnify the Released Parties from any and all expenses incurred, claims made, or liabilities assessed against them, including but not limited to attorney's fees and litigation expenses, arising out of or resulting from directly or indirectly, in whole or in part, my breach or failure to abide by any part of this Waiver of Agreement. If signing as a parent, guardian or agent on behalf of a minor participant, I certify that I have the actual authority to sign the Waiver on behalf of such minor. I also understand and give permission to the Released Parties to use my name or images of my participation in this Event for publicity or promotional purposes, without liability or obligation to compensate me.

SIGN: _____ DATE: _____

_____ Yes! Please email me dates and information about future events put on by the Charlotte's Finest Legacy Foundation. I understand that my email address and contact information will not be sold, distributed, and/or given to any other organization/company. My contact information is ONLY for the use of Charlotte's Finest Legacy Foundation.

_____ No! Please do not email or contact me regarding any upcoming events.