

tcpara.org

205-562-3235



Be Brave 5K Registration/Map

Rec #830105-04

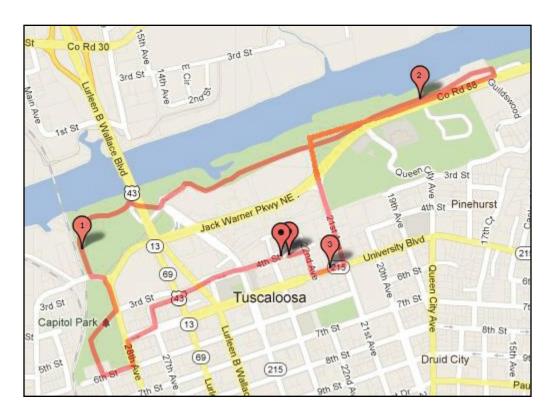
Cost: \$20 prior to April 14 and \$30 on April 15, no refunds The first 150 registrants will recieve a Be Brave 5K t-shirt

- Awards Party immediately following the race
- After Party featuring The Burning Angels & Friends, from Athens, GA, following Awards Party

Sunday, April 15 at 2 p.m.

1 p.m. registration opens 2 p.m. race/walk begins Course begins/finishes in front of Wilhagan's Grill & Tap Room, 2209 4th Street, Tuscaloosa

	Name:]	Male or Female
Make checks payable to: PARA	Address:				
					State:
Mail to: Attn: Kayla Carothers McAbee Activity Center 3801 Loop Road Tuscaloosa, AL 35404 205-562-3235	Age (on ra Email:	ce day): (limited to fin	Birth D	Date: s)	
I hereby give my permission for (name of participation this program/activity. I authorize the Tuscalor child/ward for any illness or injury occurring durisions, or render medical care or treatment to the COVERAGE for the participant/child/ward, and responsibility or liability for lost, stolen, or misplay of recovery or reimbursement of any type that I of the first (including but not limited to claims of bodily it to and from the same. This instrument is signed promises or assurances of any type or regarding the seek and give consent for emergency medical treatmentaries for the participant.	osa County Park & Recree ng the program, but I un participant/child/ward. I I agree to pay all reason ced items. I release PAR or the child/ward have or njury and property dama both individually and on the suitability or type of to	ation Authority, PAR. Iderstand PARA is not understand that PAR able medical costs income and its agents, serva may have in the future ge or loss), and I assur behalf of the child/wa rip accommodations, a	A to obtain necessary massuming a duty to obtain a duty to obtain NO ACCIDENT arred if treatment is obtains, and employees, frowhich arise from or an all risks and hazards d. It is understood that ttractions, transportati	nedical care and treat tain medical treatme Γ or MEDICAL PAY tained. I understand om all claims, actions re related in any mar is incident to such pro t PARA makes no rej on vehicles, or airline	nt, make medical deci- YMENT INSURANCE I that PARA assumes no s, causes of action and right mer to the program/activ- ogram and transportation presentation, warranties, es. PARA is authorized to
Signature (*Parent/Guardian if	minor)	Date	Witness Sig	nature	Date



Be Brave 5K Sunday, April 15 at 2 p.m.

Begins and ends at Wilhagan's Grill & Tap Room tcpara.org and 205-562-3235