



NEW THIS YEAR! If you have personally raised \$100 or more, now is your chance to register your kids for our Superhero Sprint.

Ages 2-12: (1) Cape/Child for each \$100 raised while supplies last.

Give them the chance to show off their superpowers by securing their place in our race so they can fly across the finish line among fellow NICU graduates and friends!

march for
babies®



- A signed waiver for each child is required.
- You will receive a superhero sprint wristband to place on your child showing that they have registered. (Pick up at Registration Tent)
- Pick up your Superhero Cape at the Celebrate Tent. (Sizes: 18" or 36" Long)
- The Superhero Sprint will take place at 4:50 PM, starting from the stage and ending at the Start/Finish flags

Please read & sign the attached waiver form for each child you are registering for the Superhero Sprint. Bring with you to the Registration Tent/Superhero Sprint Table on Saturday, April 29.

(Additional waiver forms will be available at the Superhero Sprint Table)

MARCH OF DIMES FOUNDATION
PARENT/GUARDIAN WAIVER and CONSENT for CHILD PARTICIPANT UNDER THE AGE OF 12

Superhero Sprint is a kids "fun run" that puts the March of Dimes "mission in motion". Open to children aged (approx.) 2-12 years old, and especially NICU graduates! For a suggested donation of \$100 per child, Superhero Sprint participants will receive a purple March of Dimes cape, and the opportunity to run in the Superhero Sprint!

Description of Event: March for Babies® Superhero Sprint Event Brevard
Place of Event: Lori Wilson Park 1500N Atlantic Ave., Cocoa Beach, FL 32931
Date of Event: Saturday, April 29, 2017
Time of Event: 3:00 PM

I _____, in consideration of my child's participation in the Event described above ("Event"), do hereby waive, release and discharge the March of Dimes Foundation ("Foundation"), its officers, directors, employees, agents, volunteers and insurers, and their respective heirs, successors and assigns, and all other persons associated with the Event, including the City of Cocoa Beach and Brevard County, any sponsors of the Event, and rescue or medical personnel, and all their employees, volunteers, representatives and successors from any claims, actions, suits, judgments, or damages which may arise at law or in equity against said parties, for any and all injury, death, or loss, my child may suffer as a consequence of his/her participation in the Event, which against said parties, my child or I, our respective heirs, assigns and successors, individually or collectively now have or hereafter can, shall or may have.

I represent that my child has no mental or physical condition that will be jeopardized or will place my child or others at risk on account of his/her participation in the Event and that he/she is properly trained and medically able to run the race. I accept and assume all risks associated with my child's participation in the Event, including without limitation risks in connection with the effects of weather, such as high heat and humidity or extreme cold, traffic and conditions of the road, risks to his/her health and well-being and all such other risks associated child's participation in the Event. I agree to abide by any and all decisions of race officials in connection with the Event. I accept and assume full responsibility for any risk of injury, death or loss suffered by my child on account of his/her participation in the Event.

I grant permission to March of Dimes Foundation to use any photographs, motion pictures, recordings or other record of this Event for any legitimate purpose, without compensation.

I represent and warrant that I am the Parent and/or Guardian of the child named above, with authority to sign this Waiver and Consent on his/her behalf. I have read and fully understand the terms of this Waiver and Consent, and I understand that I am giving up substantial rights, including the right to sue the March of Dimes Foundation and all other parties identified under this Waiver and Consent. I hereby provide a complete and unconditional release of all liability to the greatest extent allowed by law.

TEAM NAME: _____

PARTICIPANT CHILD'S NAME: _____

PARENT/GUARDIAN NAME & SIGNATURE: _____

HOME ADDRESS: _____

PHONE NO.: (____) _____ EMAIL ADDRESS: _____

DATED: _____, 2017

MARCH OF DIMES WITNESS: _____ DATED: _____, 2017