

Spring Fever Chase
Saturday, March 18, 2017 • Fairhope, AL
One application per participant
(Register at springfeverchase.com)

Name: (Last) _____ (First) _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

E-mail address: _____

Date of birth: Month _____ Day _____ Year _____ Age _____ Gender: Male _____ Female _____

Check one: (required)

- _____ 10K (\$10 for students K-12, \$20 for adults)
- _____ 10K race walker (\$10 for students K-12, \$20 for adults)
- _____ 10K wheelchair (\$10 for students K-12, \$20 for adults)
- _____ 2-mile fun run/walk (\$10 for students K-12, \$15 for adults)

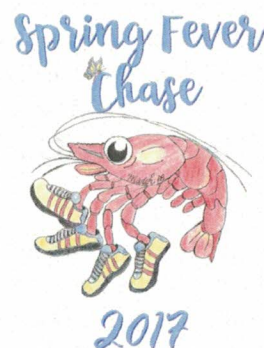
After March 12 a \$5 increase will apply.

T-shirt size: (circle one)

Youth sizes: (M) 10-12 (L) 14-16 (100% pre-shrunk cotton)

Adult sizes: S M L XL (100% pre-shrunk cotton)

Dry-fit shirt adult sizes: S M L XL (\$10 upcharge)



T-shirt artwork

SCHOOL PROGRAM (Race packets will be delivered to schools with 25 or more participants.)

Local school name: _____ Teacher: _____

(REQUIRED)

(REQUIRED)

Return application to student's school by March 10. (Local kindergarten through high schools only)

Make checks payable to: Spring Fever Chase

Mail to: Spring Fever Chase, P.O. Box 7295, Spanish Fort, AL 36577

Application drop-off locations:

Thomas Fitness Center, Fairhope • North Baldwin Fitness Center, Bay Minette • ProHealth Fitness Center, Mobile

For more information, email jill.everson@infirmaryhealth.org or call 251-279-1730.

RELEASE STATEMENT: I know that running a road race is a potentially hazardous activity that could cause injury or death. I should not enter and run unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, am in good health, and am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I assume all risks associated with running in this event, including but not limited to falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. I understand that bicycles, skateboards, roller skates or blades and animals are not allowed in the race, and I will abide by this guideline. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release Infirmary Health and its affiliates, Wells Fargo and the City of Fairhope, its sponsors, volunteers, employees, agents, servants, representatives, licensees, contractors, successors, and assigns organizing and conducting the Spring Fever Chase (Road Race), held on March 18, 2017, and allowing me to participate and run in said race, I hereby waive, release and discharge forever said Infirmary Health and its affiliates, Wells Fargo and the City of Fairhope and its said sponsors, volunteers, employees, agents, servants, representatives, licensees, contractors, successors, and assigns from any and all claims or liabilities of any kind arising out of my participation in the Spring Fever Chase, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I give permission for the use of my name and/or picture in any broadcast, telecast or other account of this event.

Participant's signature

(Parent or guardian signature if applicant is under 18.)

Date