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# INDIVIDUAL REGISTRATION FORM

## March 18, 2017

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
Sex: (circle one) M or F      Age \_\_\_\_\_      Greek Affiliation \_\_\_\_\_  
T-Shirt Size (circle one) YS YM YL      AS AM AL      AXL AXXL AXXXL

\*Rain or shine, we walk! Must be present to win prizes per each category.  
The race begins and ends in the Historic Kelly Ingram Park.

**Make checks payable to Delta Foundation.**

**Submit registration form(s) along with payment to:  
Jefferson County Alumnae Chapter  
Delta Sigma Theta Sorority, Inc.  
P.O. Box 11024, Birmingham, AL 35202**

**Registration: \$25 for adults (after March 10, 2017 - \$30) / \$10 for ages 7-17  
\*\*Must be postmarked by March 10, 2017 \*\***

**For more information, please contact us via telephone at 205.540.0240 or via email at  
dstjcac@fitnessnmotion.org or visit our website at www.fitnessnmotion.org**

RACE AGREEMENT & LIABILITY WAIVER: I know that participating in a road race is a potentially hazardous activity and that I should not enter and participate unless I am medically able and properly trained. I assume all risks associated with my participation in this event, including but not limited to falls, contact with other participants, the effects of weather, including high heat and/or humidity, traffic and the conditions of the road. All such risks are known and appreciated by me. 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 do hereby release Jefferson County Alumnae Chapter, Delta Sigma Theta Sorority, Inc., the City of Birmingham, Birmingham Parks & Recreation and all volunteers, sponsors, their representatives and successors from all claims in liabilities of any kind arising out of my participation in this event. I consent permission to all of the foregoing to use any photographs, motion picture recordings or any other record of event for any legitimate purpose.

Signature \_\_\_\_\_  
Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_  
Date \_\_\_\_\_ (if participant is under 18)



JEFFERSON COUNTY ALUMNAE CHAPTER  
DELTA SIGMA THETA SORORITY, INC.  
P.O. BOX 11024  
BIRMINGHAM, AL 35202  
WWW.FITNESSNMOTION.ORG