

HCBA'S 5K PRO BONO RIVER RUN



Registration Form March 23, 2013

Check in: 4:00 p.m. ♦ Race start: 5:30 p.m. ♦ Awards: 7:30 p.m.
On the Grounds of Stetson University College of Law Tampa
(The race includes paved roads and some uneven terrain.)

First Name: _____ Last Name: _____

Member of HCBA? Yes No

Law Student? Yes No

Member of Judiciary? Yes No

Gender? Female Male

Age as of 3/23/13? _____ Years

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____

REGISTRATION FEE: Adult Male \$35 Adult Female \$35 Youth (age 19 or younger) \$15

Team Member* Name of Team: _____

***(Teams must have 3 or more runners and each runner must register separately.)**

Adult Dry Wicking T-shirt ** Size: Small Medium Large X-Large

** (Men's sizes and only if registration fee is paid on or before March 2, 2013)

Youth Cotton T-shirt Size: Y-Small (6-8) Y-Medium (10-12) Y-Large (14-16) Y-X Large (18-20)

Youth (under 18) and Late Registrations will receive cotton T-shirts.

**All participants must register and a separate registration form is required for each runner.
Teams are encouraged to register at the same time.**

Please mail completed registration form and race fee, payable to:

**Hillsborough County Bar Association (HCBA)
c/o Michele Revels
1610 N. Tampa Street
Tampa, FL 33602
Fax: (813) 221-7778 (only if paying by credit card)**

REGISTRATION WILL NOT BE ACCEPTED BY PHONE

PAYMENT INFORMATION: Check/Credit Card Charge \$ _____
 Card Type: Mastercard Visa Card # _____
 Exp. Date: _____ Security Code: _____

I am at least 18 years old, understand that HCBA may not provide refunds, and authorize the credit card charge above.

Print Name on Card: _____ Signature: _____

**PRE-REGISTRATION ENDS FRIDAY, MARCH 15, 2013
 SAME DAY REGISTRATION MARCH 23, 2013, 3:30 PM – 4:30 PM**

REGISTRATION PACKETS WILL BE AVAILABLE FOR PICK UP THE DAY OF THE EVENT

Pro Bono Hours Pledge (PLEASE COMPLETE BELOW)

2013 PRO BONO PLEDGE

Name of Person Performing Hours	
Telephone	
Email	
Number of Hours Pledged	
Area of Practice	

2012 PRO BONO PLEDGE REPORT

Name of Person who Performed Hours	
Telephone	
Email	
Number of Hours Performed	
Location(s) of Pro Bono Work	

ASSUMPTION OF RISK AND WAIVER STATEMENT: In consideration for the acceptance of my own or my minor child’s registration as a participant in the above described event, and with the understanding that participation in this event is only on condition that I enter into this agreement, for myself, my heirs and assignees, I hereby assume the inherent and extraordinary risks involved in the 2013 HCBA PRO BONO RIVER RUN and any risks inherent in any other activities connected with this event in which I or my minor child may voluntarily participate. I expressly assume the risk and accept full responsibility for any and all injuries, including death and accidents which may occur as a result of my own or my minor child’s participation in this event, and release from liability the Hillsborough County Bar Association (“HCBA”) and their officers, directors and agents, representatives, employees and members, regardless of whether or not caused in whole or in part by the negligence or other fault of the HCBA. I hereby waive any claim I may have hereafter as a result of my own or my minor child’s participation in the 2013 HCBA PRO BONO RIVER RUN and in any other activities connected with this event in which I or my minor child may voluntarily participate and agree to indemnify and/or hold the HCBA harmless from all losses, liabilities, damages, costs or expenses incurred by the HCBA as a result of any claims or suits that I or anyone claiming by, under or through me may bring against the HCBA to recover any losses, liabilities, costs, damages, or expenses which arise during or resulting from my participation in the 2013 HCBA PRO BONO RIVER RUN. I have read and understand the foregoing, and attest that I am an adult or am the legal parent or guardian of a youth race participant:

Name of Participant: (printed) _____
 Signature of Adult Runner or Minor’s Parent/Legal Guardian: _____
 Emergency Contact Name: Emergency Contact Phone: _____