

## The 16th Annual Run for The Gift

November 11th, 2023 @ 7:00am

In-Person 5K and Post Race Party

## BENEFITING THE GIFT OF SWIMMING'S MISSON

To provide access to drowning prevention resources and education for the community's underprivileged, mentally or physically challenged or otherwise disadvantaged.

BECAUSE EVERY CHILD DESERVES TO LEARN TO SWIM

## Registration Date/Time Proud Sponsors Saturday, November 11, 2023 Previse disadvanjaged. mentally or physically challenge SouthWest Aquatics · On-line at Start time: 7:00 am https://runsignup.com/Race/FL/ Kids' Run: 8:15 am WinterGarden/RunfortheGift hemilisergraffformatesWA • Call (407) 905-0999 mentally or physical Mallenged or o ORLANDO Entry Fee **NEMOURS** HEALTH\* CHILDREN'S HEALTH Race packets will be available for pick up at Before October 16th: \$25.00 SouthWest Aquatics Friday, November 10th After October 16th: \$30.00 BAPTISTE ORTHODONTICS & DENTISTRY FOR KIDS from 10 am to 6:30 pm or day of race Day of Price: \$35.00 beginning at 6:15am. \*Includes Shirt, Medal Michael P. DiMauro, D.D.S, P.A Dentistry for Adolescents and Children Location **ORLANDO** PEDIATRICS Awards Ceremony HEALTH\* SouthWest Aquatics Physician Associates Awards Ceremony along with a Post Race 205 Windermere Road, Winter RON JON SURF SHOP Premier Academy Garden, FL, 34787 First 200 Registrations will receive an Aquatica Ticket. \*Kids Run Reg does not SouthWest, Aquatics include Aquatica Ticket\* Last Name Dentistry for Adoles Feinst a Name Idren Sex: M/F (Registration Form) T-Shirt Size: S M L XL Address \_\_\_\_\_ City \_\_\_\_\_ Pédiatric Associates Phone \_\_\_\_\_ Age \_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_ E-Mail \_\_\_\_ Birthdate \_\_\_\_\_ Emergency Contact \_\_Telephone (407) 352-4800 E.C. Phone \_\_\_\_

\_\_\_\_\_ Exp. Date\_\_\_\_\_ Signature \_ Cardholder Name By signing below, I acknowledge that participating in this event is a potentially hazardous activity. I, and/or my minor child, should not enter unless medically able and properly trained. I and/or my minor child agree to abide by any decisions of race officials relative to ability to safely complete race and assume all risks associated with participating, including, but not limited to falls, contact with others, effects of the weather (including but not limited to high heat and/or humidity, etc.), traffic and conditions of the road, death, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, in consideration for accepting my and/or my child's entry, I for myself or on behalf of my minor child, and anyone to act on my and/or my minor child's behalf, waive and release Run 4 a Cause, The Gift of Swimming, SouthWest Aquatics, City of Winter Garden and any and all sponsors, and all of their respective representatives and successors (the "Releasees") from all claims or liabilities of any kind arising out of my participation including any liability which is attributive to the negligence of the Releases. Further, I hereby consent and grant permission to the Releases to use photographs and videos of me and/or my minor child without any compensation. I understand I shall not have any right to review or approve of any material.

Fax (407) 352-8008 For Race or Sponsorship Information Call (407) 905-0999 or E-mail thegiftofswimming@yahoo.com

Card Number \_\_\_\_\_ V-Code\_\_\_\_

| Signature_ |                            | Date |
|------------|----------------------------|------|
| _          | (Parent if under 18 years) |      |

Credit Card: MasterCard Visa

(Parent it under 18 years)

Make checks payable to:

The Gift of Swimming