



Healthy Kids & Teens

BENEFITING: CAMP GET FIT FOUNDATION

SPONSOR PLEDGE FORM

	Donor's Name	Amount
1	_____	\$ _____
2	_____	\$ _____
3	_____	\$ _____
4	_____	\$ _____
5	_____	\$ _____
6	_____	\$ _____
7	_____	\$ _____
8	_____	\$ _____
9	_____	\$ _____
10	_____	\$ _____
11	_____	\$ _____
12	_____	\$ _____

TOTAL \$

FIGHT FOR LIFE RACE AGAINST CHILDHOOD OBESITY

March 03, 2012 9:00am Shelby Farms Park

Youth may collect race registration fee. Ask your family, friends, church members, and neighbors to sponsor you. Every youth will receive a tee shirt and victory medal upon completion of the walk/run. **Raise a minimum of \$50.00 and you will be entered into drawing for X Box Kinect and other prizes.**

***Adults are also encouraged to collect pledges in addition to registration fees.**

Please have all checks made payable to:
CampGetFit Foundation

All checks along with this form must be returned by **Friday February 10, 2012** to guarantee race packet. Entry fee is \$45 for marathoners, \$15 for 5k/1 mile participants. Mail checks with this completed form to: CampGetFit, P.O. Box 381322 Germantown, TN 38183

Pledge forms can be duplicated. Ask 10 supporters for \$5.00. That's all it takes to fight the war against childhood obesity and make you eligible for additional prizes!

WAIVER INDEMNIFICATION: Parent or legal guardian (must sign) below before student is accepted to participate in the Fight For Life Race. As a parent legal guardian of the child named herein I herby represent that the child is physically fit to participate in the walk/run. I understand there are inherent risks in participating in any athletic event. I herby accept responsibility for and agree to pay any and all costs of medical treatment resulting from any injury suffered by my child as a result of his participation with Fight For Life. I further agree to indemnify and hold harmless Healthy Kids & Teens, Inc. and all other sponsors and organizations assisting with the events from any or all liability, damage, and cost or expense arising out of my child's participation of every kind and nature in the race. In the case that I cannot be reached in an emergency, I herby give permission for care to be administrated by a qualified EMT, physician staff of a hospital or any other qualified individual to

SIGNATURE: _____ **DATE:** _____

(IF PARTICIPANT IS UNDER 18, PROVIDE THE SIGNATURE OF PARENT OR GUARDIAN)

NAME _____ **DATE OF BIRTH** _____ **GENDER** _____ **AGE** _____

TEAM/YOUTH ORGANIZATION _____ **T-SHIRT SIZE** _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE _____ **EMAIL** _____

Register at www.campgetfit.racesonline.com or www.healthykidsandteens.com