

Please Note: Groups must have a minimum of 10 participants.

GROUP NAME

GROUP AGENCY

Representing Law Enforcement or the Legal Field? AGENCY:

GROUP CAPTAIN INFORMATION

1. NAME _____ AGE ON RACE
DAY ____

STREET
ADDRESS _____

CITY/STATE/ZIP

GENDER []M []F

E-MAIL

PHONE _____



- The _____ Group will participate through pledging!
We agree to sign up at www.firstgiving.org/AFutureNotaPast by *Creating and customizing our group pledge page!* Fundraising goal must be set to minimum of \$150
(10 members @ \$15 per person)
(Printable pledge forms available at www.afuturenotapast.org)
- Group will not solicit pledges through First Giving. Enclosed is \$15 PER GROUP MEMBER- (\$20 if after Nov. 1st)

Please Note: On race day Team Captain only will check in at Group Registration and collect t-shirts & race numbers for all group members.

T-Shirt Size (Include Totals for Each): _____

Small: Medium: Large: X-Large: XX –Large:

Please provide the following information for EACH member participating in the walk/run. Print additional copies as necessary.

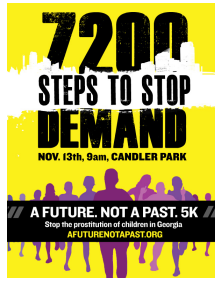
NAME _____ AGE ON RACE _____
DAY _____

STREET ADDRESS

CITY/STATE/ZIP

GENDER [] M [] F

E-MAIL



PHONE _____

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Waiver: I know that running a road race is a potentially hazardous activity. I am in proper physical condition to compete in this run/walk and assume all risks associated with my participation, including but not limited to falls, contact with other participants, and 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 will not wear headsets or any device that restricts my hearing or other perception. In consideration of this entry, for me and anyone entitled to act on my behalf, I waive and release all race officials, volunteers, sponsors and any others associated with this event from legal liability. Furthermore, I hereby grant the agents of this event permission to use photographs, videotapes, motion pictures, recording or other record of use in this event for legitimate purposes.

Signature of participant /Parent or guardian's signature if under 18 years of age _____ Date _____

****Please sign & mail form(s) to Juvenile Justice Fund/AFNAP – 395 Pryor Street SW, Atlanta, GA 30312**

****If participating via firstgiving.org/afuturenotapast - please fax this form(s) to 404.335.5290**

**** Downloaded pledge form(s) & payment can be submitted at registration the day of on Nov. 13th**