

*Del Bianco Prosthetics presents:*  
*9<sup>th</sup> Annual Run for Liberty*  
*5K and 1 Mile Fun Run*



All profits to the Amputee Coalition of America  
**July 2nd, 2022** 8:00am 1Mile Fun Run, 8:30am 5K  
Wake Med Soccer Park 201 Soccer Park Dr. Cary, NC

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Gender: M F DOB \_\_\_/\_\_\_/\_\_\_\_\_ Age on Race Day: \_\_\_\_\_ T-Shirt: AS AM AL AX AXXL

E-Mail \_\_\_\_\_ Phone: \_\_\_\_\_

Event Entered:  5K  1 Mile Fun Run **Do you want to be timed? (circle one): Yes No**

*Circle Event Fees that apply: Teams of 4+ registering together for 5k get a discount of \$5 per runner*

**5 K - \$35**

**1 Mile Fun Run - \$15**

**5 K (Amputee) – FREE**

**1 Mile Fun Run (Amputee) - FREE**

**Late fee\* (After 6/25/22) – Additional \$5 (T-Shirt not guaranteed if signed up after 6/15/22)**

Circle One: Check\*\* Cash Credit Card Additional Donation \_\_\_\_\_

Total Collected \_\_\_\_\_

**\*\*Make checks payable to: Del Bianco P&O** Mail to: 1031 W Williams St. Apex, NC 27502  
**(all profits donated to Amputee Coalition of America)**

If paying with a credit card, complete the following:

Circle one: American Express Discover Master Card Visa

Account #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Waiver: I know that participating in the Run for Liberty and events is a potentially dangerous activity. I should not enter or participate unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability and safely complete all events. I assume all risks associated with the events, including, but not limited to, falls, contact with other participants, the effect of the weather, including extreme cold, heat and/or humidity, and the conditions of the park paths, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in accepting my application, I, for myself and anyone entitled to act on my behalf, waive and release Del Bianco Prosthetics and Orthotics, Jim Young, Young & Associates, the Town of Cary, the hosting location, and their respective agencies, employees, and directors, trustees, representatives and agents, and all sponsors, their representatives and successors from all the claims and liabilities of any kind arising out of my participation in the events, even though that liability may arise out of negligence or carelessness on the part of the persons names in this waiver. I grant permission to all of the foregoing to use recording of any type of the events for any legitimate purposes.

Signature (Participant or Guardian if <18): \_\_\_\_\_ Date: \_\_\_\_\_