

# COLOR MADNESS 2016

## Teen Dating Violence Awareness

### REGISTRATION FORM

(one form per participant)

**Saturday, February 6th 2016**

Margaret Dalton Hall  
975 Broadway St. Jackson, CA

9am Registration  
10am Timed 5k  
10:30am Fun Run/ Walk

**Please Circle One:**

Youth (under 18) FREE  
Adult (18+) \$15  
Family Pack (two adults with youth) \$20

Mail By Jan.30th or Drop Off Before Feb. 5th to:

817 Court Street Ste. # 12  
Jackson, CA 95642

Shirt Size ( Circle One): **\*\*While Supplies Last\*\***

Child Lg Sm. Med. Lg. XL 2XL

Amount Enclosed: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

RELEASE AGREEMENT: I give permission for Operation Care GO! Youth Program to use my photo in any publicity. Operation Care will not use your name as part of the publicity. We will continue to maintain your confidentiality regarding any other services you receive from Operation Care. This picture may appear on the Operation Care website or Facebook. I know that running/ walking in a road race is a potentially hazardous activity. I represent that I am medically able to participate in this event. I assume all risks associated with this event including, but not limited to: heat exhaustion, falls, contact with other participants, effects of weather, dangerous traffic conditions, etc., all such risks being known and recognized by me. I hereby agree, for myself and anyone I am responsible for under the age 18, to waive, release, and forever discharge Operation Care and the GO! Youth Program any others assisting with the Color Madness 5k event held on February 6th, 2016.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Participants under the age of 18 need a parent or guardian's signature)

For more information call 209.223.2897 or [www.operationcare.org](http://www.operationcare.org)

Donations are gladly accepted. Operation Care Federal ID# 94-2797327

