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RUN FOR THE ANGELS SPONSORS



David Abell

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Our mission is to offer assistance to children who have been diagnosed with a life-long physical disability.



PLACE
STAMP
HERE

Bella's Angels
P.O. Box 1562
Jupiter, FL 33468

**4th ANNUAL RUN FOR THE
ANGELS RELAY RACE**



MARCH 30, 2014

ABACOA TOWN CENTER

AMPHITHEATER

REGISTRATION: 7:30 AM

RACE: 9 AM

MUSIC COSTUMES FOOD

BELLASANGELS.ORG/561-373-4823



Registration Form

2014 Run for the Angels Relay Race - Sunday, March 30, 2014

Registration: 7:30 am - Race: 9:00 am

Or register online at www.bellasangels.org by March 27, 2014

What We Do

Bella's Angels is a 501(C) 3 non-profit established in 2005 to assist families who have children with life-long physical disabilities. Our mission is to assist these families (lovingly referred to as Bella's Buddies) with financial support to bridge the gap between their private insurance coverage and the seemingly endless non-covered expenses required to care for their child. We assist Bella's Buddies to defray therapy and specialist co-payments, uncovered but necessary medical equipment and medications and associated travel expenses to visit medical experts outside their local demographics. In addition, Bella's Angels provides these families with the emotional support to navigate their unexpected journeys.

Ways to Register:

- Online at www.bellasangels.org
- Mail your registration form/payment to Bella's Angels, P.O. Box 1562, Jupiter, FL 33468
- On-Site at **Tri Run Bike** — 13975 U.S. Highway One, Juno Beach, 33408
- On-Site at **Downtown at the Gardens** Carousel — MARCH 28 11 am—7 pm

Race Day Events:

7:30 am Registration Begins
 8:00 am Music & Festivities
 9:00 am Four by One Mile Relay Races
 10:30 am Awards Ceremony

Ways to Volunteer:

Would you like to volunteer? Visit bellasangels.org or call (561) 373-4823 to become a volunteer. We welcome students who need community service hours.

Corporate Challenge 4 Person Relay Teams: 4 x 1 mile laps / \$250 per team

Family & Friends 4 Person Relay Teams: 4 x 1 mile laps / \$80 per team

Student 4 Person Relay Teams (18 under): 4 x 1 mile laps / \$60 per team

Team Name: _____

Team Contact Name: _____

Child's Name (if applicable): _____ **Age:** _____

Email _____ **Telephone #:** _____

Address: _____ **City/State/Zip Code:** _____

Team Member Names (Signature)	Age on Race Day	T-Shirt Size	Email Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Relay Division : Male Female Student Costume Co-Ed Corporate Challenge

Payment : Race Registration: _____

Please make checks payable to Bella's Angels.

Tax Deduct Donation: _____

CC#: _____

Total Payment: _____

Expiration Date: _____ **CID #:** _____

WAIVER AND RELEASE OF CLAIMS THAT MUST BE SIGNED BY PARTICIPANT OR PARENT/GUARDIAN: PHOTOGRAPHI AND RESULTS RELEASE AND WAIVER AND RELEASE OF CLAIMS: I agree that any and all representations made and releases, waivers, covenants, consents and permissions given by me hereunder are given on behalf of me and any and all of my minor children or persons over whom I have guardianship participating in or attending the event. I understand that my consent to these provisions is given in consideration for being permitted to participate in this Event; I may be removed from this competition if I do not follow all the rules of this Event; and I am a voluntary participant in this Event. I am in good physical condition and am solely responsible for my personal health, safety and personal property. I know that this event is a potentially hazardous activity and I hereby voluntarily assume full and complete responsibility for, and for the risk of, any injury or accident that may occur during my participation in this event. To the fullest extent of the law, I hereby release and hold harmless and covenant not to file suit against Bella's Angels, Inc., their directors, officers, volunteers, agents or employees; any event sponsors and all persons or entities associated with this event for any injury or damages I might suffer in connection with my participation. I understand that I am solely responsible and liable for all aspects of my participation including fundraising activities. This photographic and Results Release and Waiver and Release of Claims shall be construed under the laws of the state of Florida. For safety purposes, rollerblades and pets are discourage from participating in this event. The event will occur rain or shine. We reserve the right to cancel in extreme circumstances. In that event, there will be no refunds, rather your entry fee will be used as a donation to Bella's Angels.