



St. Jude Give Hope Run/Walk Registration

April 28, 2012 – Burdette Park

Register for the: (choose one) 5K Walk/Run (13 years or older) Kids Dash (Children 3-12 years old)

Name: _____ Email: _____

Team Name: _____ I am a team captain Birthday: _____ Gender: _____

Address: _____ Company Name: _____

City: _____ State: _____ ZIP: _____ Emergency Contact: _____

Phone Number: _____ Emergency Contact Phone Number: _____

Adult T-Shirt Size: S M L XL XXL How did you hear about this event?

Child T-Shirt Size: S M L XL _____

April 26, 2012 10:00 am – 7:00 pm: Pre-run/walk packet pickup, 500 Bond St.

April 28, 2012 6:30 am – 8:00 am: Same-day registration and packet pick-up (Kids Dash registration closes at 7:30 am).

8:00 am: Kids Kick Cancer Dash begins.

8:30 am: 5K Run/Walk begins.

All proceeds benefit St. Jude Children's Research Hospital. Participants will receive a t-shirt and run/walk packet.

Early registration for the 5K is \$25.00. After April 20 registration cost is \$30.00. Kids Dash is \$15.00 until the day of the race.

We cannot guarantee a t-shirt size for anyone registering after April 14.

I would like to make an additional donation to St. Jude for the amount of: \$25 \$50 \$100 Other _____

Please check only one box:

- I am participating as a runner and would like to be timed for the event and qualify for awards.
- I do not wish to be timed for the event.

I am a St. Jude Patient and/or Patient Family.

You may contact me regarding special details the day of the event using my contact information above.

Please complete the registration form and mail to:

ALSAC/ St. Jude, Attn: Paula Singer, 135 W. Muhammad Ali Blvd, Suite B, Louisville, Kentucky 40204. (800) 545-1696

Enclosed is a Check Money Order

Please make checks payable to St. Jude Children's Research Hospital.

Register online for the 5K Run/Walk or the Kids Dash at www.givehoperun.org. Click register, choose Indiana, and click the Give Hope page. To register, click "sign up to fundraise".

By registering for this race, you agree, warrant and covenant as follows:

ALL PARTICIPANTS IN THE ST. JUDE GIVE HOPE RUN/WALK AND RELATED EVENTS ARE REQUIRED TO ASSUME ALL RISK OF PARTICIPATION IN THE RACE BY SIGNING THIS GENERAL RELEASE AGREEMENT. The undersigned athlete (Athlete) on behalf of himself/herself and on behalf of Athlete's personal representatives, assigns, heirs, executors, hereby fully and forever releases, waives, discharges and covenants not to sue the St. Jude Give Hope Run/Walk and American Lebanese Syrian Associated Charities (ALSAC), St. Jude Children's Research Hospital (St. Jude), and all public or private agencies whose property and/or personnel are used and all other sponsoring or co-sponsoring companies or individuals related to the event (collectively Releasees) from all liability to the Athlete and his/her personal representatives, assigns, heirs and executors, for all loss(es) or damage(s) and any and all claims or demands therefore, on account of injury to the Athlete or property or resulting in the death of the Athlete, whether caused by the active or passive negligence of all or any of the Releasees or otherwise, in connection with the Athlete's participation in the race. The Athlete represents and warrants that he/she is in good physical condition and is able to safely participate in the Race. The Athlete is fully aware of the risks and hazards inherent in participating in the Race and hereby elects to voluntarily compete in the event, knowing the risks associated with the event. The Athlete hereby assumes all risks of loss(es), damage(s), or injury(ies) that may be sustained by him/her while participating in the race. The Athlete agrees to the use of his/her name and photograph in broadcasts, newspapers, brochures and other media without compensation. The Athlete hereby grants to St. Jude GIVE HOPE RUN/WALK and their agents, affiliates and designees access to all medical records (and physicians) as needed and authorizes medical treatment as needed. The Athlete warrants that all statements made herein are true and correct and understands that Releasees have relied on them in allowing Athlete to participate in the Race. IF ATHLETE IS UNDER AGE 18: The parent/guardian certifies that my son/daughter has my permission to participate in the race. The parent/guardian has read the foregoing RELEASE AND WAIVER OF LIABILITY AGREEMENT and by accepting the waiver intentionally and voluntarily agrees to its terms and conditions. The parent/guardian further certifies that my son/daughter is in good physical condition and is able to safely participate in the race. I hereby authorize medical treatment for him/her and grant access to my child's medical records as necessary. BY REGISTERING FOR THIS EVENT THE ATHLETE HAS READ THE FOREGOING AND INTENTIONALLY AND VOLUNTARILY ACCEPTS THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT.

Signature of Entrant _____ Date _____

The Give Hope Run/Walk Committee reserves the right to require proof of age. Parent or Guardian must also sign below for the entrants under 18 years of age. By signing, parent agrees to the same conditions required of entrant.

Signature of Parent or Guardian _____ Date _____