FIRST ANNUAL Angels on the Run 5K ENTRY FORM

Presented by: Mercy Hospital Western Hills & Mercy Medical Center Harrison

TYPE OF ENTRY

- ☐ Individual Runner
- ☐ Individual Walker
- ☐ Team Runner (Groups of 10 or more participants are invited to register as a team for $10 per person - no t-shirt)
- ☐ Team Walker

Team Name _____

Captain's Name _____

(One form per person - Mail forms together in one envelope if possible)

ENTRY FEE

☐ Adult Registration	$ 20.00
☐ Youth Registration (17 & under)	$ 15.00
☐ Team Registration (no t-shirt)	$ 10.00
☐ Late Registration* - Adult	$ 25.00
☐ Late Registration* - Youth (17 & under)	$ 20.00

ADDITIONAL DONATIONS

☐ Gold Angel Wings	$ 100.00
☐ Silver Angel Wings	$ 50.00

• You will be recognized on the course for your additional donation.

☐ Other $ _____

TOTAL AMOUNT ENCLOSED $ _____

*** MAILED ENTRIES MUST BE POSTMARKED BY 11/1/09 TO ENSURE PROPER REGISTRATION**

*** LATE REGISTRATION BEGINS 8AM RACE DAY**

First Annual
Angels on the Run 5K

Saturday, November 7th, 2009 9:30 a.m.
Miami Whitewater Park

www.angelsontherun5k.org

Benefitting Foreclosure Angel FOUNDATION

Last Name _____ First Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Gender M F Age on Race day _____

E-mail _____

T-SHIRT SIZE: S M L XL XXL

KIDS T-SHIRT SIZE: Youth Small (6-8) Youth Medium (10-12) Youth Large (14-16)

EMERGENCY CONTACT: _____ (Name & phone number)

EXISTING MEDICAL CONDITIONS: _____

WAIVER AND RELEASE OF CLAIMS:

I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in this event.

I am a voluntary participant in this event, and in good physical condition. **I know that this event is a potentially hazardous activity and I hereby assume full and complete responsibility for any injury or accident which may occur during my participation in this event or while on the premises of this event, and I hereby release and hold harmless and covenant not to file suit against Foreclosure Angel Foundation, its local affiliates and any affiliated individuals, Angels on the Run 5K and any affiliated individuals, any race sponsors and their agents and employees, Steve Prescott, and all other persons or entities associated with this event (the "Releasees") from any loss, liability or claims I may have arising out of my participation in this event, including personal injury or damages suffered by me or others, whether same be caused by falls, contact with participants, conditioning of the course, negligence of the Releasees or otherwise.** If I do not follow the rules of this event, I understand that I may be removed from the competition. I give my full permission to the Foreclosure Angel Foundation and its local Affiliates and Races and their Sponsors and corporate sponsors to use any photographs, videotapes, audiotapes, or other recordings of me that are made during the course of this event. I understand that this Waiver and Release may be stored electronically and agree that a copy is authentic and admissible as evidence in any future dispute or proceeding.

X _____

Signature (Parent's or Guardian's Signature if under age 18) Date

Make your check/money order payable to: **Foreclosure Angel Foundation**

Mail completed entry form, entry fees and/or donations to:
Angels on the Run 5K, c/o Steve Prescott, PO Box 454, Mason, OH 45040
or drop off at the nearest US Bank location.

MAILED ENTRIES MUST BE POSTMARKED BY 11/1/09

*T-Shirts are while supplies last and NOT guaranteed for anyone registering after 11/1/09.

MERCY MEDICAL CENTER Harrison

MERCY Health Partners