

So Fun You'll Want to Do it With a Friend!

Run Like Hell Registration Form (or on-line www.cincyrunlikehell.com)

- Mail-in Must be postmarked 10/15/08; On-line closes Midnight, 10/18
- In-person at packet pick-up or race day 10/20 - 24

PLEASE COMPLETE THE FOLLOWING: (please print)

Register me as the Team Captain Register me as a team member of: _____

NAME: _____

Date of Birth (mm/dd/yyyy): _____ SEX: Male Female

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

E-MAIL: (needed for email confirmations) _____

PHONE: () _____ EMPLOYER: _____

EMERGENCY CONTACT NAME: _____

RELATIONSHIP: _____ **PHONE:** _____

REGISTRATION FEES:

- 5K Run or Walk & Party
- \$30 (post-marked by 10/15/2008) \$ _____
- \$35 Week of and Race Day \$ _____
- Halloween Party Only Tickets - \$18 each \$ _____ Quantity: _____
- Additional T-shirt - \$15 each \$ _____ Size(\$): _____
- Additional contribution to the CF Foundation \$ _____

TOTAL: \$ _____

T-SHIRT SIZE (adults sizes only - not guaranteed on race day)

Small Medium Large X-Large XX-Large

PAYMENT- Please make checks payable to Cystic Fibrosis Foundation or CFF

Check VISA MasterCard Discover American Express

Card#: _____ Exp.: _____

The Following Release Must be Signed: In consideration of the acceptance of my entry, I waive on behalf of heirs, executors and assigns, all claims of any nature arising from my participation in Run Like Hell and hereby release the Cystic Fibrosis Foundation, its local chapters, Don Connolly, Inc., all sponsors, workers, officials, volunteers and all others connected with this event from any claim whatsoever arising from participation in this event. I agree to abide by all of the rules of participation and acknowledge that the Race Committee may refuse or return my entry at their discretion. I understand the risk for such a run and have trained adequately in preparation. I HAVE NOTED ANY MEDICAL CONDITIONS on a separate piece of paper. I give my permission to the CFF to use any pictures, video footage, etc that is taken at the event to use in future promotional materials.

Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____
(if participant is under 18)

CF Foundation* 4420 Carver Wood, Drive - Cincinnati - Ohio - 45242 - 513.533.9300 Phone - 513.533.9301 - abarnett@cff.org

Your Friend's Registration

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