

Please Print

**A separate registration form is required for each individual (adult or child)*

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Email _____

Sex M F Date of Birth _____ Age on Race Day _____

Shirt Size **Men's** S M L XL XXL **(Quantities while supplies last)**
Women's XS S M L XL **(Quantities while supplies last)**

EVENT REGISTRATION (select one) 5K 10K 1 Mile Family Walk

I am running with a team

Team Name _____ Team Captain _____

Captain Phone/Email _____

\$35 Adult registration (until September 25, 2010)

\$40 Adult registration (RACE DAY)

\$20 Ages 5-12 – parent/guardian registration required (until September 25, 2010)

\$25 Ages 5-12 (RACE DAY)

\$_____ Additional donation to the Herman & Walter Samuelson Children's Hospital at Sinai

\$_____ Total Amount Due

Please make checks payable to Sinai Hospital. Do not mail cash.

I would like to charge my fees and/or donations:

Visa MasterCard AMEX

Credit Card # _____

Name on Card _____

Exp. Date _____

Total Amount Charged \$ _____

Signature _____

Mail payment/donation and entry form by Sept. 17 to:

Sinai Hospital Department of Development
2401 West Belvedere Avenue, Baltimore, MD 21215

For more information call 410-601-4438

or visit www.raceforourkids.org



By registering for this event, I confirm that I am in good physical condition and have trained adequately to participate in this event. I ACKNOWLEDGE THAT THIS EVENT IS POTENTIALLY HAZARDOUS AND I ASSUME FULL RESPONSIBILITY FOR ANY INJURY OR ACCIDENT THAT MAY OCCUR DURING MY PARTICIPATION IN THIS EVENT OR WHILE ON THE PREMISES OF THIS EVENT. I release Sinai Hospital of Baltimore; the Sinai Auxiliary; LifeBridge Health; other event sponsors; their respective affiliates, directors, officers, employees, and agents; and all other persons or entities associated with this event (collectively, the "Sponsors") from any claim I may have arising out of my participation in this event, including personal injury, including but not limited to claims arising out of falls, contact with other participants, conditions of the course, negligence of the Sponsors or otherwise, and I agree not to file suit against any of the Sponsors on account of any matter arising out of this event. I authorize Sinai Auxiliary, Inc.; LifeBridge Health, Inc.; other race sponsors; and their respective affiliates to use any photographs, videotapes, or other recordings of me that are made during the course of this event.

****RELEASE MUST BE SIGNED. Parent or guardian signature also required if participant is under 18.****

Participant's Signature

Parent/Guardian Signature