

# REGISTRATION FORM



## Creighton Medical School's 25<sup>th</sup> Annual 5K•10K Fun Run/Walk September 26<sup>th</sup>, 2009 • Lake Zorinsky

**What:** 10K run and 5K fun run/walk with all proceeds going to Nebraska's Make-A-Wish® Foundation

**When:** Saturday, September 26<sup>th</sup>, 2009

**Where:** Lake Zorinsky, 156<sup>th</sup> and F Street Entrance

**Time:** Registration 7:00 AM- 8:00 AM, Race begins at 8:30 AM

### MAKE-A-WISH RUN ENTRY FORM

September 26th, 2009 circle one: 10K 5K

(PLEASE PRINT)

Full Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Phone: \_\_\_\_\_ Age: \_\_\_\_\_  
ON RACE DAY

Entry Fee:  \$20.00 (prior to Sep 20th)

\$25.00 (race day)

T-Shirt Size

S M L XL

Sex:

Male

Female

**Send Entry Form and Check To:** Make-A-Wish Run/Walk, Creighton Medical School Class of 2012 Attn: Patti Marsh, Criss III - 4th Floor, 2500 California Plaza, Omaha, NE 68178. **On Race Day:** Bring completed Entry Form and check (made out to C.M.S.) to race volunteers by 8:00 A.M.

Waiver: I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the Run. I assume all risks associated with running in this event including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and humidity, traffic and conditions of the road, all such risks being known and appreciated by me. I also agree that I may be examined during the course of the race by qualified personnel in the event that medical problems of any kind arise. The race officials or qualified personnel have the right to disqualify me and remove me from the race if in their opinion I may be suffering from a life-threatening condition.

Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release Creighton School of Medicine, the Make-A-Wish Foundation, and all sponsors, their representatives and successors, race volunteers, race directors from all claims of liability of any kind arising from participation in this event.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Official Use	

MAWA-WR-REGISTRATION 2009