

Run Miles, Make Smiles Registration Form

Name: _____

Address: _____

City: _____ State: _____

Zip: _____

Email: _____ Phone: _____

Emergency Contact:

Name: _____

Relationship: _____

Phone: _____

Mobile: _____

Select the race you are wishing to compete in

5K Race Competitive

5K Fun Run

Kids K

Sex: M F Age: _____

Method of payment

Cash Check Adult \$20 Child under 12 \$10

Checks are made out to **Troop 174**

Required for all entries:

I hereby waive and release all rights and claims for the damages I may have against the organizers of *Run Miles, Make Smiles* to be held on December 14th, 2008 for any injuries suffered by me in or at the event. I hereby authorize the organizers and support personnel to obtain any medical aid I may require during this event. Returned checks will require an additional charge. **If Registrant is under 18 years of age, parent or guardian must also sign form.**

Signature of Participant and Parent or Guardian if needed