

## Registration Form:

Please print legibly or type

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Sex (circle): Male/Female Age: \_\_\_\_\_

Phone: \_\_\_\_\_

Runner: \_\_\_\_\_ Walker: \_\_\_\_\_

T-Shirt Size (circle):

Sm      Med      Lg      X-Lg      XX-Lg

I am unable to participate but would like to make a donation of: \_\_\_\_\_

**Waiver:** In consideration of the acceptance of this entry, I (my child), my heirs, executors, and administrators, forever waive and release any and all right claims for any and all injuries or damages by nature which I (my child) and /or my (my child's) participation in any activities concerned with this event and I (my child) hereby assume all responsibility for all said personal injuries or property damages. This release includes, without limitation, any injuries or damages which may result from any negligence or any other fault on the part of St. Mary's School for the Deaf, its successors and assigns, and any organizations connected with this event. I grant full permission for organizers to use photographs of me (my Child) in legitimate accounts and promotions of this event.

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(Please sign)

Parent/Guardian signature if under 18 years old)