



**FreestoreFoodbank Hunger Walk 5K Run/Walk Registration Form**

**Please only one entry per form. All mail entries must be received by Friday, May 22, 2009. Make Checks payable to: FreestoreFoodbank 2009 Hunger Walk Mail to: FreestoreFoodbank 2009 Hunger Walk 1250 Tennessee Ave. Cincinnati, OH 45229 Or phone Kim Miller for credit card registrations at 513-482-7546.**

**Registration Fees (non-refundable)**

Early Registration Postmarked or Phoned by May 13.

Late Registration (After May 13)

\$20 = Entry Fee + Tee Shirt

\$25 = Entry Fee + Tee Shirt

\$15 = Entry Fee (no shirt)

\$20 = Entry Fee (no shirt)

Additional Donation Amount \$ \_\_\_\_\_

T-Shirts are guaranteed only to those who register for them using the option above.

**Participant Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age on Race day \_\_\_\_\_ Gender \_\_\_\_\_

\_\_\_\_ I am running for the CHRIST CHURCH CATHEDRAL 5000 CLUB/NAST TRINITY UNITED METHODIST CHURCH TEAM or

\_\_\_\_ I am walking for CHRIST CHURCH CATHEDRAL 5000 CLUB/NAST TRINITY UNITED METHODIST CHURCH TEAM.

If you have any questions please contact Pam Mawhinney via phone at 513.482.4525.

**Waiver:** In consideration of the acceptance of my registration fees and for being permitted to participate in this event, I hereby release, waive and discharge, on my own behalf of my heirs, executors, and assigns, the FreestoreFoodbank, its employees, volunteers, officials, sponsors or affiliated individuals, from any and all claims of any nature, including personal injury, arising from my participation in this event, I also hereby agree to abide by all rules for participation. I further consent to emergency treatment in the event of an injury or illness. I acknowledge that it is my responsibility to consult my physician prior to beginning an exercise program or otherwise engaging in strenuous physical exercise, I also understand the risks of such a run/walk and I am physically able and have trained adequately in preparation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature (if under 18 years) \_\_\_\_\_



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