Please Print

Run and Fun Walk for Hospice - www.runforhospice.org

Race Day Registration $30.00

Make Checks Payable to Hospice of St. Mary's

☐ **5K Run** ☐ **10 K Run**

☐ **5K Walk** ☐ **Team**

First Name

Last Name

Address

Zip **City** **State** **Sex M/F** **Age**

Phone

Shirt Size (M,L,XL)

Email

Additional Donation

Liability Waiver MUST be signed

I understand that participating in a road race or fun walk is a potentially hazardous activity. I assume all risk with participating in this event. I, for myself and anyone entitled to act on my behalf waive and release Hospice of St. Mary's, The Town of Leonardtown, all event organizers and sponsors, and all other organizations or agencies involved, their representatives and successors from each and all claims or liabilities of any kind arising out of my participation in this event

Signature (parent or guardian if under 18)		**Date**
Required		